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### Investigating interactions

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Investigating interactions: The dynamics of relationships between clients and professionals in child welfare

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# Conversational contexts

## Investigating the dynamics of relationships between clients and professionals in child welfare

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### Abstract

The effectiveness of interventions has become an important object of scientific study in child welfare and often a prerequisite for funding of child welfare programmes. Many studies on the effectiveness of interventions aimed at supporting families at risk and behavioural change of youth have suggested that features of the relationship between professional and client, and the characteristics of the professional, are decisive for the interventions' effectiveness. There are, however, few studies of what is important in terms of relational skills, personal characteristics or communication strategies. In this special issue, we focus on the dynamics of relationships between child welfare workers and clients (i.e. young people and/or their parents) by using direct observation and close analysis of naturally occurring processes. The contributions to this special issue have a 'bottom up' and a 'top down approach' in analysing relationships. The first part uses a 'bottom up' approach and reports on conversations between youth and family treatment parents in treatment homes. Using a 'top down' approach, the second part specifically focuses on Motivational Interviewing skills of care professionals in their interactions with youth. The third part covers the interactions between parents and professionals in the context of child protection using a 'bottom up' approach.

**Keywords:** youth, parents and care workers, professional communication skills, interactions, observations, conversation analysis

## Introduction

‘... it is the therapist’s ability to forge a collaborative relationship with the client that is predictive of outcome’ (Baldwin et al., 2007, p. 38)

During recent decades, the effectiveness of interventions has become an important object of scientific study in child welfare. Proof of effectiveness is often a prerequisite for funding of child welfare programs. As with evidence based medicine, child welfare interventions are supposed to be based on the best available knowledge in the context of professional standards. Many studies have been published on interventions aimed at supporting families at risk and the behavioural change of children and adolescents. They are often designed to measure the relation between elements in the interventions and the behaviour and attitude of children and families. Significantly, many of these scientific studies have suggested that features of the relationship between professional and client, and the characteristics of the professional, are decisive for the effectiveness of such interventions (Green, 2006; Harder, Knorth & Kalverboer, 2013; McLeod, 2011; Shirk, Karver & Brown, 2011). However there is little examination of what is important in terms of relational skills, personal characteristics or communication strategies.

To facilitate professional performance in child welfare, we need to focus closely on the relationship between clients and their helpers. In this special issue, several studies are presented that investigate the relationship between clients and professionals in the context of child welfare. In these studies, the relationship between child welfare workers and child welfare clients is consid-

ered as a communicative practice. Of course, child welfare offers material facilities: children are received in residential facilities, families are visited by social workers, and child welfare agencies receive governmental funding. Yet these facilities all become reality as discursive practices, that is to say they become actualized in how users act and interact. Our interest in this special issue is how child welfare encounters are managed during conversational exchanges.

Much of what we know about processes in child welfare stems from studies that are based on questionnaires, interviews and other indirect methods. Although we may learn much from these studies, the problem is that such knowledge is based on what people involved tell researchers about these practices rather than the practice itself. The construction of questionnaires decontextualizes the primary process and produces formalized knowledge. The statistical interpretation of coded categories often misses the contextual complexity of such encounters. This may be one reason that child welfare professionals complain that scientific evidence is difficult to operationalize and misses dilemmas of daily practice.

Direct observation and close analysis of naturally occurring processes, we suggest, tell us more about the dynamics of the relationship between clients and professionals. Therefore we present here studies that take a close look at interactions between child welfare workers and child welfare clients (i.e. young people and/or their parents). The studies draw on discourse analysis (what is said) and/or conversation analysis (how it is said) of conversations between workers and clients (Hall et al., 2014). Such studies have become common in the domains of health care (Heritage & Maynard, 2006), psychotherapy (Silverman, 1997; Peräkylä, Anta-

ki, Vehviläinen & Leudar, 2008) and legal settings (Heffer, Rock & Conley, 2013) but are still rare in child welfare. These studies throw light on the linguistic practices in child welfare, which is to say that they show the nature of pedagogical encounters, changing behavioural strategies, feedback mechanisms, delicate management of sensitive issues, such as out-of-home placements, and dealing with client resistance.

The goal of this special issue is threefold. First it is the presentation of several studies on the professional client relation in child welfare that examine the dynamics of that relationship in interventions. Second, it is a call for more attention to research which examines talk and interaction in child welfare. Finally, the studies aim to contribute directly to the improvement of child welfare practices by enabling professionals to examine their own talk and interaction.

## Contributions

The contributions to this special issue have been divided into three parts. The first part reports on conversations between youth and family treatment parents in treatment homes. The second part specifically focuses on the skills of care professionals in their interactions with youth in care from a Motivational Interviewing (MI) perspective. The third part examines interactions between parents of youth in care and care professionals in the context of child protection conferences and social work.

## Conversations between youth and family treatment parents in treatment homes

In the first paper, Schep, Koole and Noordegraaf examine various ways in which *adolescents* take the initiative and gain attention from professional parents to start a telling. They used video recordings of conversations between adolescents and professional parents in six family treatment homes in the Netherlands. In these homes, a professional parental couple takes care of one to four out-of-home-placed children, as well as their own children. The authors used conversation analysis to analyse video data of dinner conversations.

The results show that adolescents use four types of initiatives to tell something to their professional parents. The first are 'out of the blue' initiatives concerning experiences of the adolescent that do not follow logically from what has already been said or done. The other three initiatives by adolescents (i.e. 'topic shifts', 'topic continuations' and reactions to current events or objects) are related to an ongoing topic or activity. The types of initiations seem to produce different kinds of sequential responses from the professional parents. The contribution of Schep et al. underlines the importance of sensitivity and responsivity of treatment home parents for building and maintaining an affective relationship with adolescents (cf. Baldwin et al. 2007; Harder et al., 2013; Ruch, Turney & Ward, 2010).

Using a comparable 'bottom up' approach and the same video data as in the previous paper, Van Nijmegen and Noordegraaf look into pedagogical practices of the *professional parents* coaching adolescents in family treatment homes. Just like biological parents, professional parents have to deal with

growing adolescents who during a large part of the day spend their time out of home, out of their sight. To keep informed about their doing and wellbeing, parents have to rely on what the adolescents tell them. The authors analyse the strategies parents use in conversations with adolescents to obtain pedagogical relevant information. Van Nijnatten and Noordegraaf analysed over 300 hours of video-recordings of 15 parent-child interactions in six family treatment homes and selected 156 interactions. Both parent-initiated and adolescent-initiated conversations were analysed. From the 156 interactions they selected fifteen interactions in which (upcoming or past) activities are discussed that seem to have an anamnesis goal: to collect information on the children's life and on their wellbeing.

The findings show that professional parents used the following four practices to keep informed by the adolescents: soliciting, sounding, suggesting and advising. The adolescents' perspectives and ambitions tend to take the lead, and only seldom were surpassed by parental directives. This is similar to doctor-patient discourse that is characterized by the professional's intention to achieve patient autonomy within the context of medical and social boundaries and opportunities (Heritage & Maynard, 2006).

### Care professionals' skills in interactions with youth

Compared to the study of Van Nijnatten and Noordegraaf, Whittaker, Forrester, Killian and Jones specifically focus on the *professionals* in interaction with youth. In contrast to the previous two studies, Whittaker et al. use a 'top down' approach by applying Moti-

vational Interviewing (MI; Miller & Rollnick, 2013) as a framework for analysing conversations between youth and professionals in social work practice. MI is a "collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2013, p. 12). MI is an 'evidence based' communication style for which a well-developed body of research suggests that it is associated with positive client outcomes (e.g. Lundahl & Burke, 2009; Jensen et al., 2011).

Whittaker et al. developed a system for rating seven key elements of child and family social work practice. Their rating system consists of four domains of skills from the Motivational Interviewing Treatment Integrity (MITI) code and three domains that relate to appropriate use of authority by professionals. The seven domains were used to score 133 audio recordings of direct practice. The authors conclude that it is possible to reliably measure key elements of social work communication, which is a first step in building a model of good practice.

A MI approach was also applied by Eenshuijsstra, Harder, Van Zonneveld and Knorth. Their study focuses on MI in the context of residential youth care. They aim to analyse observed interactions between adolescents and group care workers during one-on-one conversations. In contrast to Whittaker et al. who mainly focus on professionals, this study focuses on behaviours of both *care workers and adolescents*. The study specifically focused on MI skills applied by care workers and adolescents' motivation for change.

Their audio recordings of 27 conversations show that care workers most often use MI non-adherent behaviours in terms of 'persuasion without permission' and 'confronting' when they try to change ad-



olescents' attitudes or behaviours. MI adherent behaviours, i.e. 'being affirming', 'seeking collaboration' with and 'emphasizing autonomy' of the adolescent, are rarely used by the care workers during the conversations. In terms of motivation for change, adolescents equally use change and sustain talk and often respond neutrally to care workers. Change and sustain talk by the adolescent does not consistently follow MI adherent and non-adherent behaviours of care workers, and vice versa. An important implication is to examine the implementation of MI training to residential care workers, because MI non-adherent behaviours are ineffective in changing client behaviours (Apodaca & Longabaugh, 2009).

### Interactions between parents and care professionals in child protection

In the fifth paper, Verhallen, Hall, Slem-brouck and Kirkwood examine a case study concerning the communication between a family supervisor and the mother of a young person in care, selected from an archive of 30 single-mother families in the Netherlands. They analyse in particular the management of disagreements, both over the course of two years of social work intervention and in turn-by-turn interaction sequences in one meeting. In child protection, relations between social workers and parents are most often characterized by conflict (Buckley, Carr & Whelan, 2011; MacKinnon, 1998). In meetings, positions are proposed, and contested, with much at stake in terms of protecting identities and defending formulations. In this paper, the case study approach captures how arguments are produced and managed across successive social work en-

counters over a longer period of time. The sequential analysis of one encounter demonstrates the relevance of discourse and conversation analysis. The argument concerns opposing views of the child's emotional problems (categorization), who is to blame (accountability) and who has the authority to make claims (entitlement). How claims are proposed and challenged involves drawing on institutionally relevant categories and their associated attributes. As is frequently the case, the argument is not resolved resulting in stalemate (Leung, 2002), however there are differing opportunities to influence subsequent outcomes.

By providing insight into how arguments unfold over successive social work encounters, the paper contributes to an understanding of how conflicts and disagreements can be managed and perhaps more sensitively managed, if not always resolved. Adding to the picture, a detailed understanding of the real-time management of disagreement in interaction is useful in fostering social work practitioners' awareness of how argumentative "logics" may be taking over.

In the final paper, Koprowska aims to find explanations for the difficulties of care workers to achieve *parental participation* and engagement. She specifically focused on what happens with parents during child protection conferences to better understand how communication is accomplished in these complex and difficult situations. The twelve conferences studied by Koprowska make life-altering decisions concerning the families involved with regard to neglect or emotional abuse of children below the age of twelve. During child protection conferences, the child and his or her safety and welfare are central topics, but parents' lives and abilities are also discussed.

By observing and analysing the talk of parents and professionals during the 12 conferences by conversation analysis, Koprowska found that professionals use strategies such as indirect speech, politeness and minimization of speaking of discomfiting information in the contact with parents about 'difficult' topics. She also found that professionals use reference switching: switching between talking about a family to directly speaking to a family member during the conferences. Koprowska concludes that far-reaching effects might be achieved by small and subtle differences in strategies of professionals to enlarge parental participation during child protection conferences.

### Top down and bottom up

As can be seen in these descriptions, the studies show a basic methodological difference in their paradigmatic approach. The studies of Whittaker et al. and Eenshuistra et al. use a 'top down' approach from a MI perspective in analysing the dynamics of relationships between youth and professionals. In these studies, child welfare practice is seen as the result of relational features that can be formalized and rated by independent observers, independent from consideration of the context of the social work dynamics. The advantage of this approach is that relationships in many child welfare interactions can be analysed, leading to a critical intersubjective consideration of what happens in these relationships. The other studies by Van Nijnatten and Noordegraaf, Schep et al., Koprowska and Verhallen et al. all use a 'bottom up' approach., meaning that the child welfare dialogue and its complex context is taken as starting point for analysis. This approach examines actual interactions rather than par-

ticipant's representations, and is inductive rather than deductive (Hall et al., 2014).

Both the 'top down' and 'bottom up' studies included in this special issue have tried to specify the dynamics of the relationship between professionals and clients in different care contexts. Considering all six papers, it emerges that professionals' social and communication skills and the awareness of their role in the interactions with youth and parents are important for achieving positive relationships with clients. By observing and analysing interactions, the studies show how professionals respond to initiatives by young people (Schep et al.), collect information on children's life and wellbeing (Van Nijnatten and Noordegraaf), apply communication skills in social work practice (Whittaker et al.) and during one-on-one conversations with youth (Eenshuistra et al.), manage arguments during conflicts with clients (Verhallen et al.) and use communication strategies in their contact with parents (Koprowska).

By closely examining the subtleties and strategies of professionals, we can better understand what features are effective and ineffective in interactions with clients and how positive outcomes can be achieved with youth and parents in child welfare (cf. Karver, Handelsman, Fields & Bickman, 2006). Since features of the relationship between professionals and clients, and the characteristics of the professional are important for the effectiveness of interventions (e.g. Harder, Knorth & Kalverboer, 2013; McLeod, 2011), we call for more attention to studies examining interactions between clients and professionals in child welfare. With direct observation and close analysis of care processes, we are better able to understand how outcomes are achieved and what works for whom.

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# Getting, receiving and holding attention

## How adolescents' telling initiatives work out in interaction with professional parents in family homes

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### Abstract

This paper examines various ways in which adolescents during dinner table settings gain attention to start a telling varying from just a comment to storytelling. The settings are in family homes where professional parents run a household consisting of their biological children combined with a number of children and adolescents who are placed in that household for several years. Affective interaction between adolescents and their professional parents is important for the development of these youths. The method of Conversation Analysis has been used to analyse video data of dinner conversations in six households. These home situations were recorded by having cameras run every day from 4 pm to 7 pm over a period of three weeks. The telling initiations of the adolescents include verbal and embodied practices such as eye-gaze and body-movement in order to start a telling. The different kinds of initiations seem to produce different kinds of sequential responses from the professional parents. The analysis of the telling initiations by adolescents and the room they are given for these tellings is a contribution to the still limited knowledge about building and maintaining affective relationships between professional parents and adolescents in family home environments.

**Keywords:** family homes, adolescents, professional parents, telling initiations, affective relationship

## Introduction

It has been established in research so far that sensitivity and responsivity, the possibility to perceive and respond to a child's signals, are the basic conditions for achieving an affective relationship between children and parents (Ainsworth, Blehar, Waters & Wall, 1978; Mark & Mulderij, 2008). Yet, little attention has been paid as to how this is done within day-to-day interactions.

In this study, we analysed video data from dinner conversations in Dutch 'family homes' where out-of-home-placed adolescents and 'professional parents' live together. This analysis can show us aspects of how sensitivity and responsivity are played out in everyday interaction. It also deals with affective processes between on the one hand adolescents instead of the younger children who have often been the focus of attachment research so far and on the other hand professional parents rather than biological parents.

Our study focuses on the ways the adolescents select themselves to start a telling and the ways these initiatives are responded to by the parents, such as the interaction between 16-year old Karolien and her professional father when she come home from school:

interactional processes. This is in line with the origins of attachment theory which are based on observations of parent-child conduct (Ainsworth et al. 1978; Bowlby, 1988). Attachment, and the related phenomena sensitivity and responsivity, are primarily *interpersonal* phenomena since they refer to relations *between* individuals. Therefore, in this study, we have used Conversation Analysis (CA) as a method to study interactional processes (Sidnell & Stivers, 2013) and to analyse what it means to act sensitively and responsively.

A fundamental insight from CA is that an utterance such as that of Karolien initiates an action project that can only be successful when it is recognised and accordingly responded to by the addressee. A telling initiative such as Karolien's starts a sequence that needs the collaboration of the recipient to proceed successfully (Schegloff, 1968, 2007). A recipient, such as the father in this example, interactively *does* sensitivity and responsivity by showing his understanding of Karolien's turn as a telling initiative by inviting her to produce the initiated telling. Hence, in this study we analysed different ways in which adolescents initiate tellings and the ways professional parents respond to these initiatives as way of analysing sensitivity and responsivity. In a conversation

**Excerpt 1.** Family home 1: 11-07-2013, 3:15.50- 17.56

KAROLIEN	we really had a nice gym class today
F	what did you do

Karolien reports about a "nice gym class" and the father in return invites her to elaborate.

Attachment relationships are often conceptualised as psychological phenomena, but in this study they will be analysed as

the alignment between speaker and recipient is important to construct and conduct the conversation. In these parent-child exchanges it is also important in the light of having and building a parenting and affective relationship.

We first present a review of pedagogical and conversation analytical literature to show the different aspects of telling initiations by adolescents in daily interactions with their professional parents. After this review, we will present our methodology and results and at the end we will come to conclusions and reflect on methodology.

## Family homes

A family home is a household for children who for various reasons cannot live with their own biological family anymore. In 2014, the number of family homes in the Netherlands was 587, consisting of 1728 placements (Lubbersen, 2014). About half of the placements were boys (54%) and 42,5 % of the children were above the age of 12. The majority of the children have the Dutch nationality, about 93 % (De Baat & Berg-Le Clercq, 2013). Children placed in family homes are characterized by having problematic behaviour and most also have problems in their biological family. Therefore, because of a troubled past and behavioural problems; they need intensive accompaniment and supervision and are eligible for residential care (De Baat & Berg-le Clercq, 2013; Van der Steege, 2012).

One of the professional parents works as a youth care worker in the family home and is therefore always available. This parent is paid for this full-time position. The partner is in most cases is someone who works elsewhere, but in his/her free time she/he is also available for the children and acts as the second caregiver. Family homes are small scale facilities for out-of-home placement of children and adolescents. The family consists of the parents, usually their biological children and around

four in-home-placed children. The main goal of a family home is to give children the care they need in a family-like setting (De Baat & Berg-le Clercq, 2013).

Children who are placed in family homes have been forced to leave their biological families and often moved from one place to another (Sarti & Neijboer, 2011). Therefore the affective relationships with their own parents and other adults they have had in different places have been disconnected or partly disconnected and, because of that, often problematic. Relational continuity in the family home where they are placed, gives them a chance to reconnect with one or more adults and to become attached.

## Attachment: sensitiveness and responsiveness

Since Bowlby (1907-1990) has focused on the importance of the emotional relationship between children and their mother during childhood, much research has been done in the field of attachment. Attachment is a congenital need for affection with and protection provided by a maternal person in the child's direct environment, in most cases a parent or another close person (Juffer, 2010). It was Bowlby who started to direct attention to the affective relationship between children and their mother and the consequence of this relationship to later development (Bretherton, 1992). Later, the attention was widened to the relationship between children and adults and also the possibilities for treating unsafe attachment (Bowlby, 1988).

At first, researchers were convinced that it was only possible for children in their first six years to build an affective re-



lationship with an adult, but after years of research there is agreement that there can be corrective experiences after the age of six (Juffer, 2010). This has also produced a new perspective on the care of children who experience problems with attachment. Because of the out-of-home-placement and the displacements these children often have experienced, it is more difficult for them to form a new relationship (Juffer, 2010). Yet, an affective relationship is a basic need for children to develop in a healthy way (Sroufe, Egeland, Carlson & Collins, 2005).

Juffer (2010) and Van IJzendoorn (2010) highlighted the basic conditions needed for children to be able to take advantage of corrective experiences. They firstly stressed the importance of the ability of a professional parent to be sensitive and responsive, and secondly the importance of a continuing relationship between the child and the parent. 'Pedagogic sensitivity becomes visible in the responsiveness of the caretaker, e.g. eye gaze, speaking, silence, attitude (...) and in being an example' (Van Manen, 1991, p.31).

Although sensitivity and responsivity have been called crucial as basic conditions for (re-)attachment, and responsivity has observable features in one-on-one interactions, we do not exactly know what these interactions look like. Micro-analyses of sensitivity and responsivity *in action* will help to learn more about building and maintaining affective relationships. In this article, we therefore analyse 'telling initiations' of adolescents and the responses of professional parents in conversational detail, using the method of conversation analysis (CA). Examples of such analyses will be discussed below.

## Dinner conversations

In this study, we use data from recorded dinner conversations in family homes. Within the Conversational Analytical literature, this is called 'natural occurring interactions': interactions that occur routinely in specific settings and without interference of a researcher (Mondada, 2006). Dinner conversations are, according to Mondada's overview of research (Mondada, 2009, p. 4): '1) social events that are organized in interactional, specific and systematic ways, sensitive to their local context; 2) in which a talk plays a significant role; 3) through which 'doing; being a family' and being together are achieved, 4) in which relationships are expressed through a variety of actions, both discursive (talking about food, requesting dishes, assessing them, etc.) and embodied (eating, tasting...)'. Dinner conversations in family homes are, according to professional parents, moments of eating, talking, arguing and seeing each other as family members (Van de Koot & Schep, 2014). The choice for dinner conversations as object for study has been made in earlier research in which an overview is collected of professional parents' interactional skills. Dinner conversations give a good and compatible overview of such skills (Noordgraaf, Van de Koot & Schep, 2015). This collection is representative for how professional parents interact with adolescents. It is therefore used as a starting point for the current study.

## Telling initiations

Conversation analysis has studied telling initiations as either 'topic initiatives' (Button & Casey, 1985, 1988) or 'story prefac-



es' (Sacks, 1974, 1978). Button and Casey (1985) described two sequence types used for topic nomination: 'news enquiries' and 'news announcements'. Both types are used by participants to start an isolated topic, without a connection to the previous topic or a continuation of the previous topic.

Participants in multi-party conversation can get a turn by either 'other-selection' - a turn can be given by someone else for example by asking a question - or by 'self-selection' - the action of starting a telling without being invited to do so (Sacks, Schegloff, & Jefferson, 1974). In case there are more recipients every participant has the possibility to take a turn, but the first one to do so will be the next speaker. The action of taking a turn to tell something involves the use of a variety of semiotic systems to not only present the topic as a tellable one, but also to recruit one or more co-participants as addressees of the telling.

There are different ways in which a speaker can clarify who s/he is addressing as recipient for her/his utterance. A speaker can call the name of the recipient to let her/him know s/he will be the addressee. Also, gaze direction can be used to address a recipient. In using gaze as a way to address a next speaker it is important that the recipient responds to the gaze by gazing back to show her/his understanding that s/he will be the addressee (Lerner, 2013).

When tellers start to tell a story, they use different verbal and embodied practises to show their stance towards the telling. By doing this, tellers shape the response of the recipient. An expected response helps a teller in progress of the telling (Stivers, 2008).

As outlined in the introduction, at the dinner table within a multimember family it can be a challenge to tell something and, perhaps more importantly, to gain atten-

tion from an addressee. We will describe the different patterns formed by telling initiations from adolescents and responses thereof from professional parents to gain insight into the variety and functions of different initiations to know more about how aspects of sensitivity and responsivity are displayed.

## Methods

This study focusses on telling initiations by adolescents during and around dinner. The method of Conversational Analyses (CA) was used to analyse this specific activity. This method provides tools for analysing every detail of a conversation (Sidnell & Stivers, 2013). In CA it is common to use (video) recordings of interactions in natural settings. Video recorded data gives the opportunity to analyse participants' verbal and embodied practises within a conversation. Findings in the analysis are illustrated by transcriptions of conversations from the videos, in order to increase the reliability of the analysis. The recorded dinner conversations have characteristics of both every day and institutional (that is: goal oriented) interaction: family homes are meant to serve out-of-home placed children and adolescents in a professional way, coached by a youth care organisation, and they are at the same time as close to a 'normal family' as possible.

## Sampling and measurements

Six family homes were selected according to several criteria and proposed by the staff of two youth care organisations. The

families were employed or registered by one of these organisations. They needed to have one or more adolescents placed in their home, to have accomplished one successful placement (i.e., an adolescent had left the home when s/he was 18-years-old) and the Professional Parent had to represent a higher educational level (bachelor-degree). The reason to select parents who have a bachelor-degree is done with the aim of transferability of results to the context of students studying for a bachelor-degree social work.

In these six households, cameras ran every day from 4 pm to 7 pm over a period of three weeks. A tripod was placed at the same place in the dining room for three weeks to ensure the same camera position every day. This resulted in 300 hours of video data. The video recordings were all made without interference from researchers and only realized after obtaining informed consent of the professional parents and the adolescents.

## Analyses

The analyses consisted of different steps. It started from the perspective of the data. The videos were watched from the viewpoint of the displayed adolescent-carer attachment in daily interactions. After watching 12 hours of video data from two families, all telling initiations were selected. Initiations were selected when an adolescent started a telling without being invited to, in reaction to someone or something else, or as an isolated telling. Based on 15 telling initiations we made an overview of the variety in these 15 telling initiations. This led to a distinction in six categories of telling initiations. In addition to the 15 initiations, 118 other

initiations were added from the other four houses (60 hours of representative video data). This addition resulted in a revision of the six categories, finally leading to four categories: 1) out of the blue, 2) topic shift, 3) topic continuation, and 4) related to an ongoing activity or object.

Three more steps were made to complete the analysis.

1. To decide which initiative could be placed in which category, all fragments were watched and allocated by a researcher.
2. After this step, 40 fragments were randomly selected and allocated by another researcher to the existing categories: 100% consensus is ranged through discussing similarities and differences.
3. During the analyses, different data sessions with a group of CA- researchers were attended, during which a fragment of the current analysis was discussed.

The conversations were transcribed according to the conventions Jefferson (2004) developed. For publication, all conversations were translated into English. Names of families and children were anonymized.

The main purpose in this study was to illustrate the way adolescents 'self-select' to take a turn and start a telling, and what activities they undertake to make their professional parents listen and respond. During and around dinnertime, we observed several conversations between adolescents and their professional parents, initiated by the adolescent. In the selection of 133 fragments of telling initiations, we saw two main types of initiations: contingent telling initiations that relate the telling to an ongoing topic or activity, and not-contingent initiations that are not related to visible external factors. Within the two main categories

**Table 1.** Categories and subcategories of telling initiations

Initiations categories	Initiations subcategories	N	%
1. Not contingent	Telling something 'out of the blue'	23	17.3
2. Contingent	2.1 Topic continuation	34	25.6
	2.2 Topic shift	43	32.3
	2.3 Related to an ongoing activity or object	30	22.5
Inaudible and not included		3	2.3
Total		133	100

in this analysis, different subcategories can be distinguished. Table 1 provides an overview of the different telling initiations and how often they occurred in our data.

## Results

### Not-contingent telling initiations

#### 'Out of the blue' telling initiations.

Some of the 'out of the blue tellings' take place before dinner time in the living or the dining room. Other tellings start during dinner time. Although a telling is started

out of the blue, there is sometimes another exchange prior to the telling. In these cases, the exchange has nothing to do with the topic of the out of the blue telling. Therefore this category is called '*not-contingent*'. All tellings concern experiences that the adolescent has been through during the day or a few days ago, or that s/he has heard about such things as the school pictures they received, a sad story on the radio, or a nice gym class. The majority of the tellings are about school topics.

The following excerpt shows 16 year old Karolien initiating a telling 'out of the blue' to her professional father, prior to dinner. The professional father is folding the laun-

**Excerpt 2.** Family home 1, 01-11-2013, 1: 11.43 - 14.55

KAROLIEN(16) = Adolescent, 16-year-old; PF = professional father.

01	KAROLIEN(16)	< hello>
02	PF	<he:ey Karolien>
03	KAROLIEN(16)	I have my school picture,
04	PF	ye::ah (3.5) (..) is it good?
05	KAROLIEN(16)	well it's [pretty
06	PF	[are you satisfied?
07	KAROLIEN(16)	yes fine

**Excerpt 3.** Family home 1, 01-11-2013, 3: 4.55 - 6.55

KAROLIEN(16) = Adolescent, 16-year-old; PF = professional father.

01		((Karolien walks in the direction of the kitchen where the professional father is preparing dinner))
02	KAROLIEN(16)	do you know what is sad (.) always when Lauren receives school pictures
03	PF	yes
04	KAROLIEN(16)	her mother never buys them that is pretty sad isn't it
05	PF	do they not have much money or uh

dry at the dinner table while Karolien enters through the back door.

After the exchange of greetings in lines 1 and 2, Karolien says that she has received her school picture (line 3). School pictures are generally taken a few weeks before the children receive them. The professional father responds with an enthusiastic 'yeah' and asks her: 'is it good?'. By responding in an enthusiastic voice (line 4) and enquiring 'is it good?' (line 04) and 'are you satisfied?' (line 06) the professional father shows his interest and invites her to say more. His response is 'preferred' in the conversation analytical sense that it contributes to and supports the 'project' (interaction) that was initiated by the telling initiative in line 3. If such a response would be absent, the interactional project initiated by the Karolien in line 3 would fail (Sacks, 1987; Schegloff, 2007).

**The use of embodied practices.** The adolescents use various embodied practices for doing telling initiations. Tellings initiated 'out of the blue' are frequently accompanied by *pre-exchange* embodied practices preliminary to the initiation itself (Kendon, 1990). They make eye contact before they start a

telling or walk to the parent. In excerpt 3, Karolien sits at the table and plays with her mobile phone. Before she starts her telling, she walks in the direction of the professional father.

Karolien starts her telling when she is close to the father in the kitchen (line 1 and 2). By walking to the professional parent she chooses him as recipient to make herself be heard.

### Contingent telling initiations

Besides 'out of the blue' telling initiations, we observed '*contingent*' telling initiations. These initiations are related to an ongoing topic or activity. In our data we see three types of motivations for initiating a telling. First, conversations are started as a 'topic shift': the telling constitutes a shift of the prior topic of the conversation. Second, initiations may continue the ongoing conversations. In the third place, we see the adolescents doing an initiative in response to an object or an activity that is going on, for example a telephone call.

**Topic shift.** In mundane conversations one topic can easily shift to an adjacent topic, also in the dinner table conversations in family homes. The conversation may for example be about anniversary treats at school, and subsequently an adolescent tells about one of his friends who will celebrate his birthday next week. In such cases, Sacks (1992) speaks of a *stepwise topical movement*: the topic of the conversation results smoothly, without any problems, from the previous topic.

The excerpt below illustrates a telling initiative that is produced as such a topic shift. The conversation takes place during dinner time. An adolescent (18 years old) says that he will receive his diploma ‘catering industry assistant’ very soon. Thereafter, a 9-years-old boy says that he thinks that he also likes cooking (line 8). Right after this utterance Sifra (13 years old) takes the turn from the 9-year-old boy and uses his utterance as a reason for her own telling.

**Excerpt 4.** Family home 5, 07-01-2014, 1: 3.25 - 6.40

PF = professional father; PM = professional mother; RONALDO (18) = Adolescent, 18-years-old; SIFRA = Adolescent, 13-years-old; G(10) = Girl, 10-years-old; B(9) = Boy, 9-years-old.

01	RONALDO(18)	catering industry assistant
02		level one
03		(2.0)
04	PM	up to level two
05	RONALDO(18)	Yes
06		(1.2)
07	PM	Nice
08	B(9)	I think I would like cooking as well
09	G(10)	hm hm
10		(1.0)
11	SIFRA(13)	uh cooking is really nice (.)
12		cause I’m going to make lasagne this week
13		with spinach
		(1.0)
14	PM	Jummy
15	SIFRA(13)	Hmhm
16	PF	well Sifra (.) you should make it here
17	G(10)	one time u:h (0.3) for us
18	PF	make something
19	RONALDO(18)	you shall make food
20		((everybody is laughing about the wrong word in Dutch))
21	SIFRA(13)	then I will make the pear cake

**Excerpt 5.** Family home 5, 07-11-2014, 0: 13.43 - 15.26

PF = professional father; PM = professional Mother, RONALDO(18) = Adolescent, 18-years-old.

01	PM	well
02		(11.0)
03	PF	Nice
04		(1.3)((RONALDO gazes to F)) (F gazes to RONALDO))
05	RONALDO(18)	I brought the microwave upstairs = to the attic
06		(4.0)
07	PF	the what
08	RONALDO(18)	the microwave which was on the ground over there
09		that thing (.) ((shows the outline))
10	PF	hm hm
11	RONALDO(18)	it was just in the way
12	PF	you brought that one upstairs = to the attic
13		(6.0)
14	PM	wow you're really strong
15		(6.5)
16		it's a heavy thing man
17		((M looks at RONALDO, he shrugs his shoulders))
18		heavy

In line 11, Sifra starts her telling and re-uses the word 'nice' of the speaker before her. In the remark before, in line 8, the 9 year old boy uses the word 'also' which refers to the previous telling from the adolescent who talked about his diploma 'catering industry assistant'. The word 'also' is used to make a connection between his telling and the previous telling (Ryave, 1978). Also the word 'nice' in Sifra's telling initiative has the function of connecting the tellings to each other. Jefferson (1978) describes this phenomenon: recipients take care of making an utterance fit in de context. It is therefore remarkable that the professional mother does not respond with the word 'nice', but with

'jummy'. The professional father invites Sifra to make the lasagne at home (line 16). This establishes an occasion for Sifra to restart her telling (line 21). Thus, by entering into a 'stepwise topical movement', the adolescent can initiate her/his telling in connection with the previous turn and therefore by the previous topic.

In excerpt 5 we see an example of a telling initiative which follows a general remark of the professional mother. Prior to this telling initiative the professional father has given a compliment to his wife about the neatly cleaned up garage (not included in this excerpt). After this general remark the adolescent starts his telling.

In lines 1 and 3 the topic seems to be closed by 'well' and 'nice'. During the silence Ronaldo gazes in the direction of his professional father. He starts talking when he has eye contact. By making eye contact before starting Ronaldo chooses an addressee of his telling. He deals with the interactional problem of being part of a multi-member situation, by selecting a recipient before he starts to tell (Ford & Stickle, 2012). The speaker ensures himself to be heard. Ronaldo tells, in line 5, that he brought the microwave upstairs. When the professional father says: 'the what', Ronaldo repeats that he brought the microwave upstairs while he shows the outline of the microwave with his hands. The professional mother treats this as

inviting a compliment – in the same way she was complimented by her husband for cleaning the garage – by giving him a compliment (line 14). The topic was initiated as a shift from cleaning to microwave.

**Topic continuation.** In the second place, we observed tellings of adolescents that add to ongoing mealtime-tellings and therefore function as a *topic continuation*. These telling initiations are both sequentially and content wise latched to an ongoing telling and therefore contribute to the topic of the ongoing conversation. In sum, telling initiations in the category of topic continuation show adolescents that continue a conversation by adding a telling to it, instead of telling their own story that shifts the prior

**Excerpt 6.** Family home 4, 28-11- 2013, 0: 10.20 - 10.45

RICHAD(14) = Adolescent, 14-years-old; PM = professional mother; PF = professional father; ? = unknown; B(?) = Boy, unknown age.

01	PM	I had him fixed and then you have the other side of the woods (.)
02		well you know you can see through it (.) of course
03		two dogs were fighting so bad that one of the dogs started
04		yelping and he was so frightened that he also started barking
05		because he wanted to go there but he was tied up so he couldn't
06	PF	no
07	PM	and the whole way home he was pulling and scared
08		and he wanted to go home as soon as possible
09	PF	Yes
10		(.)
11	?	((inaudible))
12	RICHAD(14)	he is the same when you punish him
13	PM	were you (.) out with the fishing rod
14	B(?)	no ((boy is not in sight of the camera))
15	PM	oh

**Excerpt 7.** Family home 1, 01-11-2013, 3: 19.41 - 19.51

PF = professional father; PM = professional mother; KASPER(14) = Adolescent, 14-years-old; G(5) = Girl, biological daughter (5-years-old).

01	KAROLIEN(16)	I didn't hear because the other person didn't say anything
02		even=he hung up
03		but uh (1,5) someone called,
04	PF	did someone call?
05		well he will call again
06		((KAROLIEN(16) sits down at the table again))

topic of the conversation. Jefferson (1984) shows that these telling initiations often start at the end of the previous turn, named *terminal overlaps* which is something we also see in our data.

In excerpt 6, we see a conversation that takes place during dinner. The professional mother tells a story about the family's dog. The dog was scared of two other dogs which were fighting in the forest while she was walking the dog that afternoon. Everyone at the dinner table is quiet.

In line 1-10, the professional mother tells about something that has happened that afternoon while she was walking the dog. Just twice, in line 6 and 9, there is a short response of the professional father.

The telling initiation of Richad (line 12), a 14-year-old adolescent, contributes to the story of the professional mother. He emphasises the story of the mother by using the words '*the same*'. Also by telling about 'him', referring to the dog, he aligns with the mothers telling. We see, in line 13, that there is no response in reaction to the initiation. In addition, we see no second initiation of Richad to try it again. This is something we often see in the collection of telling initiations within the category top-

ic continuation. In this specific conversation (excerpt 6), it is possible that the boy who enters the kitchen (not in sight of the camera) is getting the attention instead of Richad. Besides, it could be possible that the initiation in itself, was a contribution to the ongoing conversation, is not necessarily an initiation that needs to receive an explicit response. The initiation is contributing to the same topic, the behaviour of the dog, instead of telling something out of the blue or stepwise introducing a new topic. Therefore it works as a telling continuation instead of a clear telling initiation.

**Referring to something that is going on or to an object (not a topic).** The third category of contingent telling initiations is to start a telling 'in relation to the ongoing activity or an object'. The motivation for telling something is not in the previous topic or turn.

In excerpt 7, the initiation takes the form of a report of a telephone call. This leads to a short interaction. Prior to the excerpt, Karolien has answered the household phone. After the call has ended she initiates a report about it. There is a clear motivation for this girl, external to the dinner table interaction, to start a telling.



In line 1 to 3, Karolien reports that she has picked up the phone and has not been successful at identifying the caller. In response, the professional father treats this as not important or blameworthy: “he will call again” (line 5). After this utterance the conversation ends and the two interlocutors continue their activities.

**Embodied behaviour.** The adolescents use various embodied practices to select an addressee. Following another initiation, by a 14-year-old adolescent, the conversation also stops after a brief interaction. The family is eating pizza with a few family members. Not everybody is at home; the pizzas were ordered and picked up at the restaurant.

Before he initiates his telling, in line 2 Kasper (14) makes an effort to get eye-contact with the professional mother (see excerpt 8). They are sitting opposite each other at the table. The moment Kasper establishes eye contact with her, he tells that he was already looking forward to eating pizza (line 2 and 3). The professional mother gaz-

es in the direction of Kasper, but does not give a verbal response. This response seems to be less than Kasper was aiming for, since he repeats his utterance in different words (line 11): ‘I was hoping for that’, thereby giving the mother another opportunity to respond, which she does not use. After this repeated invitation to respond, the topic ends. This example shows that the telling is sequentially incomplete without an acceptance.

### Contingent and not-contingent initiations

In the analysis above we showed a distinction between telling initiations which are started ‘out of the blue’ and initiations that are contingent upon immediately prior events or interaction. The tellings that were categorised as ‘out of the blue’ are about events the adolescents have experienced themselves: e.g., receiving school pictures or a nice gym lesson at school. Some telling initiations are done before dinner time when not all family

#### Excerpt 8. Family home 1: 02 -11-2013, 4: 12.41 – 12.56

01	KASPER(14)	((gazes in the direction of the M))
02		I was looking in that leaflet this morning
03		and I just felt like eating pizza
04		(1.5)
05		and suddenly we are going to eat pizza (.) uhh::u)
06		(5.0)
07		((gazes in the direction of the M and F))
08	PF	((to G5)) you may ask that
09	KASPER(14)	((gazes in the direction of the M))
10	PM	((gazes in the direction of KASPER))
11	KASPER(14)	I was hoping for that

members are present yet and it is potentially easier for an adolescent to engage the father or mother in dyadic (one-to-one) interaction.

## Discussion

Prior research on attachment has argued that continuity in placement is an important factor of success in raising out-of-home-placed children (Juffer, 2010). Therefore, for the sake of continuity, care-takers in family homes are available on a long-term basis in order to allow having and building an affective relationship with the in-home-placed children. However, even though the importance of an affective relationship is well established, little research has been conducted on how these relationships are built and maintained in everyday interactions. In the research this paper has reported on, 133 fragments of telling initiations of adolescents in family homes were analysed to know more about how aspects of attachment are displayed in daily interaction. The telling initiations were analysed to see how adolescents select themselves to tell something, how they gain attention from their professional parents, and how their initiations work out in the interactions to see how adolescents evoke parental sensitiveness and responsiveness. These are the main elements for having and building an affective relationship (Ainsworth et al., 1978).

The present analysis was concerned with 133 instances of adolescents' telling initiations that were started without being invited to do so. Most initiations took place during dinner time, or less often before or after dinner. Within the 133 initiations, we have found a fourfold in variety: 1) out

of the blue ( $n=23$ ); 2) topic shift ( $n=34$ ); 3) topic continuation ( $n=43$ ); and 4) referring to something what is going on or an object ( $n=30$ ). As shown in this study, different initiations were followed by different responses of professional parents. The various initiations were done with different verbal and embodied practices. Furthermore, we saw different practices used by different adolescents. Thus, how initiations are done seems to depend on various factors.

'Out of the blue initiations' always come with clear pre-exchange practices. Adolescents make eye contact, gaze in the direction of the addressed parent or walk to a parent when they want to tell something. Their actions seem to vie for attention from the professional parents and make clear that they want to tell something meaningful. Subsequent interactions consist frequently of extended responses on the part of the professional parents. In a relational perspective, 'out of the blue' telling initiations have the function of arousing the interest of the professional parent.

'Topic shifting' and 'topic continuing' initiations are undertaken differently. 'Topic changes' are built on the preceded topic and are introduced by re-using some of the words from the immediate prior interaction. 'Topic continuing' initiations are less explicitly expressed and always done to contribute to the ongoing conversation. Sometimes the adolescent received an explicit response from the professional parent, like acceptance, but in roughly the same number of cases there was no response at all. 'Topic continuation' initiations do not necessarily seem to need a response or acceptance, possibly because it does not concern tellings in itself. They have more the func-

tion of continuations and in a way response to an ongoing conversation.

The last category consists of initiations that are done 'in relation to the ongoing activity or an object'. There was always a clear external motivation for doing these tellings, but the motivation was not in the previous topic or turn. The initiations were mostly treated by the professional parents as a notification, meaning giving a comment, and were ended after a short interaction. The majority of the tellings were about the activity 'having dinner', the food or something else on or around the table.

In this article, we started to describe the importance of sensitivity and responsivity for building and maintaining an affective relationship. The different categories of telling initiations have shown how adolescents tell something and gain attention from their professional parents. This has shown us that adolescents use various practises to do their telling, make clear that they want to tell something and mark the importance of the tellings. If parents treat initiations in a non-preferred way, the adolescents in our collection show this by repairing their initiation and by trying it again. It would be interesting to study how the quality of interactional competences relate to the quality of the relationship, or in other words; if interactional competences are dependent on a relational context.

Finally, doing a telling initiation and gaining attention also seems to have something to do with interactional competences and with daring to take the risks of not being heard. Practises like making eye contact before starting a telling or calling the name of

the professional parent seems to underline the initiation.

## **Strengths, limitations and implications**

Family homes are meant to be professionally run services for out-of-home placed children and adolescents, coached by a youth care organisation. At the same time they strive for being as close to a 'normal family' as possible. This offers adolescents an opportunity to re-attach to adults, i.e. the family parents. The knowledge about the different telling initiations gives insight into how aspects of sensitivity and responsivity are both evoked and constructed in day-to-day interactions in natural settings of family homes. The current analysis gives insight in one micro-aspect of sensitivity and responsivity. Further research on conversations between adolescents and their professional parents is needed to say something in general about how sensitivity and responsivity are displayed in daily interactions. Further research will hopefully help to learn more on how to make the life of these adolescents more and more stable.

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# Pedagogical anamnesis

## How professional parents collect information from adolescents through conversation

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### Abstract

Parents often talk with their adolescent children to obtain information about their doings. They rely largely on these discussions to plan a pedagogical policy that fits the adolescents' perspectives. In this study, we analysed conversations between professional parents and out-of-home-placed adolescents. The study is based on 15 parent-child interactions, coming from an analysis of over 300 hours of video-recordings in six family treatment homes in the Netherlands. Four practices of professional parents were distinguished: soliciting, sounding, suggesting and advising. Similar to physicians, parents negotiate with adolescents about the best way to deal with the problems in their lives rather than impose disciplinary measures.

**Keywords:** pedagogical policy, parent-adolescent relationship, discourse analysis, professional parenting

### Introduction

The older children grow the more their lives are beyond the reach of their parents' view. Then, parents have to rely more on the information they receive from their children. As a consequence, the communication be-

tween parents and children about their daily activities and future plans become a major source of information. Like doctors in relation to their patients, parents ask their children questions and present observations to get sight on their wellbeing. These parent child conversations have an anam-

nostic goal: to collect relevant information on the children's life in order to delineate a pedagogical policy. In this study, we analyse the way parents obtain such pedagogical relevant information in conversations with adolescents.

In our study, we analyse daily conversations between 'professional parents' in 'family homes' and out-of-home-placed adolescents, to see how these parents perform pedagogical anamnesis through conversations and how adolescents react to these parental initiatives. Before we present our results, coming from an analysis of over 300 hours of video-recordings in six family homes in the Netherlands we first introduce a review of both pedagogical and conversation analytical literature to form an idea of the kind of pedagogical context in which the analysis stands and to find out what is already known of anamnesis-like-conversations in other (institutional) contexts.

## Parental monitoring and communication

When children grow up, they spend less time with their parents and more time with their peers (Larson, Richards, Moneta, Holmbeck & Duckett, 1996). More often, the life of adolescents takes place off the parental screen, parents no longer being able to observe directly their children's behaviour but being dependent on the adolescent's willingness to inform them. Adolescents can decide to tell or to keep silent about their activities.

We expect that for their performance parents will use direct and indirect observation. When they base their policy on their own observations, they may feel more certain about the reliability and relevance of

that information, but when they are not present at the happening in the adolescents' life they are dependent on the information they get from others. They then first have to collect information to underpin their pedagogical policy. This is also the case when parents not just want to get informed about the nature of their children's activities but also want to know how they reflect on these.

Most studies on parental monitoring focus on parents' strategies to prevent their children's unwanted behaviour, and neglect the role adolescents themselves play in providing their parents with relevant information (Smetana, 2009). Yet the study of Kerr and Stattin (Kerr & Stattin, 2000; Stattin & Kerr, 2000) shows that the knowledge parents have of their adolescents' doings primarily stem from what these adolescents voluntarily disclose rather than from their efforts to control the adolescents' doings.

Parents use different strategies to collect information from their children. Waizenhofer, Buchanan and Jackson-Newson (2006) distinguish active methods of monitoring (asking directly, participation in activities) and passive ones (using voluntary disclosure). Borawski, Ievers-Landis, Lovegreen and Trapl (2003) show that parents' knowledge about their adolescents' doings is often insufficient to protect them from engaging in high-risk behaviour; adolescents who negotiate with their parents about their activities while getting more freedom and independence are more likely to be sexually active and use substances but do so in a responsible way, protecting themselves against potential risks.

Parental knowledge comes from their efforts to monitor their children's activities and from the children's voluntary disclosure. Yet, we suppose that these two are



the extremes on a continuum of parental and adolescent devices in the monitoring process. To learn more about this continuum we need direct observation and close analysis of the naturally occurring primary process. That is the reason that we focus on the conversations between parents and adolescents. These conversations are primary sites for parents to get informed about the ins and outs of the children they have to bring up and the place to inform children about pedagogical norms. Parents try to open up their children and let them tell their story on the one hand to train them to reflect on themselves and so organize themselves and on the other hand to check whether there are any signs that may raise their concern about that child's well-being. In this study, we focus on the dynamic between these two parental goals in daily conversations between adolescents and their 'professional parents'.

### Collecting information as a professional-parental device

The upbringing of out-of-home-placed children in family homes may be considered as care in the privacy of a family. The upbringing has all kind of conversational well-known family patterns such as dinner conversations. Yet the history of the children that are placed in these homes is different, as they are not living in their family of origin and have difficulties in coping with a troubled past. To assess the wellbeing of these children (and the risks), the professional parents use daily conversations in the family context.

In conversation analytical studies we have found two main professional domains in which a similar anamnesis-like-device

is described. That is in doctor-patient interactions (e.g. Campion, 2004; Chatwin, Kennedy, Firth, Povey, Rogers & Sanders, 2014; Nielsen, 2012) and in social worker-client interactions (e.g. Bergmann, 1992; Bolger, 2014; Noordegraaf, Van Nijnatten, & Elbers, 2010; Evans; 2012). Anamnesis in doctor-patient interaction is a stair to come to a diagnosis: when the problem of the patient is presented the doctor will explore the 'history' (*'anamnesis' originally means remembrance*) of the problem (Campion, 2004, p. 97). Anamnesis in medical consultations is thus a mean to put a problem in a context and to explore its (potential) risks.

In social work conversations there is a similar means in estimating clients' problems and possibilities. Community care workers assess the preferences and needs of (elderly) clients through conversations. In doing so, they contextualize 'needs and explore their potential risks (Bolger, 2004). Most social workers use questions diagnostically and/ or work with a schedule to come to their assessment (2004: 432).

In theory, anamnesis can also be done in a more open model, in which both parties ask questions. Professional parents operate in a less clinical environment than doctors and social workers in general. We expect them to do their pedagogical anamnesis on the wellbeing of the child in a 'daily' way. Yet it will serve the same goal as in other professional contexts: exploring the context of problems (or issues/ situations) and estimating future risks.

### Methodology

A major element of Dutch child welfare policy is to provide family life circumstances for out-of-home-placed children. Therefore,



in the Netherlands, for placing children at risk, next to normal foster care, 'family home care' is preferred to clinical residential care. In family homes, a professional parental couple runs the household and takes care of one to four out-of-home-placed children, next to their own children.

This study looks into the professional activity of family homes as a discourse practice (Hall, et al., 2014). We methodologically and conceptually combine an ethnomethodology-oriented approach with a discourse analytical approach that relates family homes to broader discourses, in particular to the field of social work, counselling and pedagogy (Juhila, Mäkitalo & Noordegraaf, 2014; Van der Haar, 2007). This means that the study will look into parental actions and adolescents' reactions.

In order to answer our question how professional parents perform pedagogical anamnesis of adolescent's life through conversations, we took the following methodological steps:

- We asked two organizations to each select three family homes in which adolescents are raised by well-trained (bachelor degree) and experienced (in working with adolescents) professional parents.
- In the six homes we installed a camera on a tripod in the dinner rooms that recorded between the hours of 4 to 7 PM over the course of three weeks.
- Together with a group of students we watched all (over 300 hour of) tapes and selected conversations in which professional parents and adolescents were having a significant discussion. The term significant was operationalized as: interactions in which conversational work is done to achieve an educational goal (like setting a rule, giving feedback). In total 156 interactions were selected.

- From an overall analysis of the 156 interactions we developed a course for both professional parents and students to train their communicative skills. We also developed a dialogical tool to reflect on these skills.
- For the analysis in this article we zoomed in on anamnesis activities and took a few next steps to come to a micro-analysis of this activity:
- From the 156 interactions we selected interactions in which (upcoming or past) activities are discussed that seem to have an anamnesis goal: to collect information on the children's life and on their wellbeing. We came to a collection of 15 interactions. The other interactions address more 'daily concerns' like setting rules, planning activities and informing each other. An explanation for this might be the time and place of the observations (during dinner time). It is likely that in a more private moment and time, like chats at an adolescents room or during evenings, would have given more devices of anamnesis-like interactions.
- In this collection of 15 we distinguished four devices of PP's collecting relevant information from adolescents that we will present in our result section:
  1. Soliciting (3/15)
  2. Sounding (6/15)
  3. Suggesting (4/15)
  4. Advising (2/15)

We came to this distinction through our observation that in our anamnesis devices PP's seem to differ in boldness on how to elicit information from an adolescent. These differences are taken into consideration in our analysis, together with how adolescents react to each device.
- Both parent-initiated (excerpt 2 and 3) and adolescent-initiated (excerpt 1 and

# Excerpt 1

PP = professional parent; PM = professional mother; PP(F) = professional father.  
PM and PF are folding and selecting laundry at the kitchen table. Fleur says goodbye to her father who has brought her back to the family home from a weekend at his place. The minute he has walked out the door, Fleur walks to the PM and says:

1	FLEUR	done really ve::ry much over this weekend
2	PM	yeah::? Done very much? what did you do?
3	FLEUR	eh on Friday we went straight to eh for Brigit what she wants to do for her education
4	PF	which schools did you go?
5	FLEUR	[????] Lelystad
6	PF	oh yeah [name school]
7	FLEUR	Yes something like that. >>at least eh, she isn't sure yet whether she eh wants to eh cook or hostess or so, then you have to serve.
8	PM	oh yeah
9	FLEUR	you can see all that over there and so
10	PF	how what where
11	FLEUR	but so she know that between those two she=
12	PM	=she probably will choose between those two (8.0; PM asks another child something about his laundry and then turns her body back to Fleur)
13	FLEUR	and Saturday the::::nn Levi had skating lesson at half past eight
14	PM	o::hwyeah=
15	FLEUR	=then I joined them
16	PF	have you still be on skates?
17	FLEUR	what?
18	PF	did you skate for a while?
19	FLEUR	oh no there was no opportunity at all
20	PF	no? Ow
21	PM	Yet such a skating lesson is of course for his age, then someone else cannot just join in skating
22	FLEUR	= there all groups, all eeh=
23	PM	=yes
24	FLEUR	groups say groups how good they are and so (3.0: PF says something about the laundry. Another child starts talking to PM. PM ignores that and turns to op FLEUR)
25	PM	well, so watched eh (3.0) skating=
26	FLEUR	=eh on Saturday, I actually stayed home all day, done very much.
27	PM	hmm. (1.5) helped↑
28	FLEUR	yes eh no
29	PM	or played↓

27	PM	hmm. (1.5) helped↑
28	FLEUR	yes eh no
29	PM	or played↓
30	FLEUR	yes just played (with Levi and so)
31	PM	oh yeah
32	FLEUR	and eh Sunday, today, it was Leve's children's party (75.0: FLEUR tells about the children's party and PM poses some factual questions about that)
33	PM	so you helped the whole afternoon ↓
34	FLEUR	((nodds))
35	PM	together with Dad or how did you do that?
36	FLEUR	yes together with Dad and (?)
37	PM	Oh yeah and Koert also joined?
38	FLEUR	Yes they are in the same class [so =(unintelligibly)]
39	PM	[Oh yeah that's right. (28.0: two other children talk, the music goes louder AG(14) tells some thin in a soft voice)
40	PM	well did you still
41	FLEUR	((nods no))
42	PM	[so you didn't go down to your homework
43	FLEUR	[yes some (English?)
44	PM	go down did you? Done something oooh

4) conversations were analysed. Sometimes professional parents plan to discuss a certain topic that is of pedagogical relevance and in other occasions parents use the adolescent's topic initiation to make their point.

- Both verbal and non-verbal communications and actions were taken into account.
- The conversations were transcribed in detail according to the Jefferson (2004) conventions, and then translated into English. We used some abbreviations: AB for adolescent boy and AG adolescent girl. For all of the data in our corpus informed consent was obtained for sci-

entific use. Names and other identifying details have been changed to preserve individuals' privacy.

## Results

### 1. Soliciting

In this device PP's put questions to the adolescent which do not seem to contain any parental suggestion about preferred or dis-preferred answers (Paltridge, 2012). Mostly these questions are formulated generally, not indicating any specific issues nor giv-

ing any direction about the answer to give. These questions are often posed when the parent in absentia wants to get informed about the adolescents' doings at school, during a family visit.

Immediately after her father's departure, Fleur starts telling her story about her visit to her father, as if working off steam. The initiative to tell about the weekend experience is totally on the side of the girl. The context for the conversation, the kitchen-diner, is characteristic for big families and casual, parents and children walking in and out. Yet in other cases (excerpts 2 and 4) the kitchen had more a backstage appearance when it was used as a private consulting room (see Goffman, 1959). Apparently, the adolescent and the PP in this case take the kitchen as a front stage and think their topic is appropriate to be discussed in such a 'public' space in family life.

When Fleur starts to tell her story, mother is folding the laundry. Sometimes she addresses another child but she mainly concentrates on Fleur. Fleur's formulations are so general that the conversation can go either way. PM also does not specify a subtopic but rather mirrors F's remark and asks for specification. Her 'yes' (2) is a show of interest and an invitation to tell more. The adolescent becomes more concrete and talks about her visits to different schools with regard to her sister's educational plans. PP's reactions are continuers but more than minimal responses (McCarthy, 2003), showing an active position in the conversation while not suggesting a direction (oh yes). PM's major contribution in opening up the adolescent is to return to the topic that was introduced by the adolescent, and to stimulate her by the use of continuers and minimal mirroring remarks that show active listening to elaborate (Hutchby, 2007).

After an intermezzo between PM and a peer co-habitant, PM, by turning her body invites Fleur to continue her report about the weekend. PM again takes an active listening position. When PF interrupts by asking whether Fleur skated herself, PM, in no uncertain terms, takes Fleur's side by pointing PF at the inconsistency of his question. Her 'of course' followed by a quite elaborate explanation is a light-hearted imputation and a meta-message to PF that she is not taking offence at his forgetting about that. Yet, PM's repair (Drew, 1997) demonstrates that a concrete interpretation of PF is dispreferred. In 24, Fleur extends the explanation after which PM makes a closing remark ('so'). This is confirmed by Fleur who returns to her general opening remark about the weekend, which may be considered a closing remark. PM then tries to evaluate Fleur's report on a pedagogical level by presenting a choice between two qualifications (27-29); we will elaborate on this in the next paragraph.

Folding the laundry together seems a good context to talk about pedagogical issues. The parents folding the laundry stick to their places, the adolescent going to them and standing by them. The involvement in a neutral activity which does not take too much attention provides a good context for discussing personal issues. As soon as something difficult is being discussed, the interactants can leave the discussion frame and switch to small talk (Coupland, 2014; Van Nijnatten & Matarese, in review; Van Nijnatten & Van Doorn, 2013). It is noteworthy that during Fleur's narratives, PM continues to fold the laundry and does not look at Fleur, but at the moments a (sub)topic is closed (by a conclusion) she directly faces Fleur (in turns 27, 33, 41-43).

This fragment shows the effectiveness of the parents exercising restraint. When PF presents a possible specification of Fleur's doings during the weekend, PM blows the whistle on him. When PM herself gives an interpretation of Fleur's activities as 'helping', Fleur immediately is on the defensive, which then is followed by 'played' with a dropping voice.

## 2. Sounding

In this device, parents put questions to the adolescent that mark out an issue. By marking out an issue, the parents demonstrate that this issue is a matter of attention and/or concern. This is not to say that parental opinions and preferences are presented, as the parents only say that they want to know if there is any problem. These questions are rather directed at the adolescents' cognitions (evaluations) about certain experiences, situations, activities.

By introducing a choice between helping and playing, a pedagogical topic appears on the agenda. This is relevant because the conversation now gets a normative dimension. We don't know what exactly the moral is. PM may be curious whether Fleur has been supportive by helping her father or may be worried that she gets parentified by a too demanding father. Anyway Fleur seems confused by PM's question. Her first reaction is 'yes' which seems to be the preferred answer but in the second resort she has to 'admit' that she played. PM's concludes that Fleur has helped her father (33). Fleur then mitigates any possible moralization by qualifying playing as something that is usually done by adolescents (just). Interesting also is that PM's effort to get

more information of Fleur by presenting her a choice between helping and playing, is mitigated after Fleur's demonstration of confusion. PM's dropping voice (29) is a sign that she closes the topic rather than poses a question. After Fleur's confirmation, PM returns to her style of active listening and Fleur again reports she helped with organizing her brother's children's party. In the following, PM keeps her active position, sometimes by continuers and sometimes by small and non-evaluative or non-qualifying questions or remarks about Fleur's activities (not in the fragment).

PM's remarks in 40 and 42 seem to be more than sounding pedagogical issues, but rather suggesting that there is an issue of pedagogical concern. The normative connotation becomes obvious when Fleur says that she still spent some time on her homework and PM reacts with a sound of relief (44) showing that this is a pleasant surprise to her. We will go into that more deeply in the next paragraph. After that PM has introduced the topic of schoolwork, the conversation falls silent (ten seconds); Fleur then walks away.

In the first turn of this extract, PM (by saying 'do' with emphasis) shows that she wonders whether Peter really likes his sport. By doing this, PM not just introduces a topic, but also drops a hint that this may be an area of concern, and something she has to get more information about. Peter reacts with a non-minimal response where a minimal response might have been sufficient. This suggests that he reacts on PM's doubts and so shows that there is more to tell about that. PM's answer in the next turn (3) is a strong 'yes'. She doesn't take the Peter's yes for an answer and clearly invites Peter to tell more. Although PM in-

## Excerpt 2

Professional mother is preparing dinner in the kitchen and Peter/14 has returned home from indoor soccer, and shows up in the kitchen.

1	PM	> you <u>do</u> feel like going to indoor soccer?<
2	PETER	yes, yes I do=
3	PM	=ye:s?
4	PETER	yeah checking uh which children are there as well (.)
5	PM	makes a difference right?
6	PETER	yes
7	PM	yes
8	PETER	I <u>do</u> think that Harvey will be i:n again (1.0) that eh Harvey Zondervan (.) who is living (.) at a group somewhere, so but he is quite busy. hHh
9	PM	I↑ think that's that Harvey guy that u that u Angelo is affected by. >can that be true?<=
10	PETER	=yes that can be quite true yes
11	PM	not <u>nice</u> ?
12	PETER	no: that's not really nice no
13	PM	yes Angelo is <u>really af</u> ↑fected from it he bo↑thers everyone a::nd (.)
14	PETER	yes that i:s what he does. when Benny, I and Angelo, no not Benny >when the two of us were at indoor soccer < it was like that as well. he also did not like it then. and, does he also joins school soccer? Or eh [yes] soccerschool=
15	PM	[yes]
16	PM	the soccerschool, yes.
17	PETER	yes?
18	PM	yes aa:nd but the *last time he was, he was really totally totally well really a bit tedious from it, (PM walks towards the AB, stopping in front of him, at 2 meter))
19	PETER	yes I get [that
20	PM	([> >then] we said let's see the next time<) aa:nd so now now he was just bothering everyone. last time only towards Angelo. so <u>this</u> was less seriou:s for him
21	PETER	yes haha
22	PM	but, but that doesn't make it nicer=
23	PETER	=no, that not no no, ye↑s I don't think it's a real nice guy either
24	PM	(2.0) so actually £you hope he won't be at indoor [soccer?£
25	PETER	£yes!£ every time I go to indoor soccer, then I <u>hope</u> that he won't be there. And if he, if he isn't there, then you think ye:s, but >you don't know what happened. cause last time there also was something with his mother<((.) father died a few years ago)=

26	PM	=but a↑ctually you all are affected by it. >It affects Ted , it affects you, it affects Angelo < every time everyone is affected by him.
27	PETER	yes and he eh yes.
28	PM	he likes soccer (.) just like you
29	PETER	yes, yes thàt.
30	PM	that's ba:d lu[ck. That's really
31	PETER	[that's really bad luck yeah
32	PM	that's a shame really
33	PETER	yes. (the coaches, yes the coaches who give that from last year) did know, that as well. and <u>that's</u> why he was doing it a bit less. But yes I don't know, I don't know which ones are there now?
34	PM	(.) yes, you must ask Angelo eh.
35	PETER	(I will)
36	PM	Mirjam is still there, Ronald is there as well and then ye::t two new ones.
37	PETER	yes (.) It is eh, he is not really nice no.
38	PM	he isn't right?
39	PETER	no (.)
40	PM	are you then also afraid of him?
41	PETER	no I'm not not really afraid o:f him. cause when I'm there can there then yet nothing can happen. (and there is still guidance and all) so I'm not really afraid of him, but I eh, it is not really eh, yes I don't like it every time. For instance when he is raging, even if it is not towards me, but I don't like it when he rages like that
42	PM	ruins the atmosphere
43	PETER	Yes, cause when you just want to go play soccer nicely and then you go if bothering someone else or something. it doesn't have to be towards me, then I don't like it anymore as well
44	PM	(4.0) H a r v e y Z o n d e r v a n

roduced the topic of going to soccer, Peter now introduces a relevant subtopic: finding out who will join the indoor soccer the coming season (4). PM follows up on that and aligns with Peter. Yet by her general formulation she demonstrates her professional expertise in the field of children's lives (her remark is molded institutionally). Peter mentions the name of one of the adolescents (Harvey) who did not show up. In the next turn (9), PM by formulating it as recognition of Peter's last remark, succeeds

in getting the sensitive issue of Harvey's involvement on the table. By this recognition-al remark, PM does not have to topicalize it separately, for example as a question. At the end of this turn, PM is prompting Peter to open up more (11), also by using the qualification 'nice'. After another confirmation, PM again uses another adolescent's (Angelo) experiences with Harvey and so again avoids a direct and separate question to Peter about that delicate issue. Peter confirms the other Ad's experiences and indirectly



shows his own feelings about Harvey's conduct. In turn 18, PM continues her indirect approach but adds two new and relevant items. Firstly she quotes from a conversation she had with Angelo about how to proceed, modelling that talks between parents and children may be helpful in making plans how to deal with difficult issues. Secondly, she topicalizes that during the last football training session, Harvey had been nasty towards all, which includes Peter. When PM's remarks at this next level are also confirmed by Peter, she makes a general and indirect remark about the difficulty of this situation. After a new confirmation, Peter, at last opens up and expresses his negative feelings about Harvey. His formulation is cautious (a denial that Harvey is a kind person (23)).

PM continues her slow process and formulates a next description of Peter's feelings, which is his hope to remain released from Harvey's presence (24). Yet this is a change in parental approach, PM making a suggestion about Peter's cognitions<sup>1</sup>. Peter admits but at the same time tries to 'rescue' Harvey's face by pointing at his personal difficulties. It is relevant that Peter demonstrates his metacognition describing both his emotions when he is at the soccer place and his thought process in which he considers Harvey's possible background. PM does not go into Peter's empathetic response but returns to the issue of Harvey's way of acting and the fact that Peter's peers are having problems with that. She even formulates it as an extreme case: everybody having trouble all the time (26). By doing this, PM states that Peter is not to blame for

the trouble he experiences with Harvey but that, given the fact that other children have the same trouble, the cause of the trouble must be sought in Harvey's behaviour. It is obvious that PM goes much further than sounding a candidate problem and suggests what exactly is Peter's problem.

This extract shows how the professional mother uses an indirect and a step-by-step strategy of approaching Peter's inner thoughts, constructing and formulating these thoughts together with him. The parental device of sounding is more focused at collecting more specific information about how the adolescent looks at his own situation and the problems he is confronted with. PM avoids direct topicalizing of Peter's reflections by formulating candidate categories in general terms, by pointing at other adolescents' experiences which may be similar to Peter's, by generalizing feelings Peter may have and by slowing approaching his personal feelings about the situation he has to deal with. Although, PM focuses on the problematic character of having to deal with troublesome peers, her approach is different from what many professionals do, as they reformulate clients' expressions in problem-related terms (Tiitinen & Ruusu-vuori, 2014).

In this fragment, adolescent and PM are exploring a difficult domain of Peter's life: being confronted with harsh peers. PM does not give pedagogical advice right away. She rather points at Peter's peer as the main source of the problems. There are no advices to call in the help of others, to neglect the boy or to avoid going at all. Rather the effect of HZ's behaviour on the adolescent's functioning is investigated. The conversation may also be considered as training in reflection in which the adolescent is helped to look at his position in relation to peers,

1 This parental strategy will be discussed in the next pattern.



and learns to express to a parent/counselor. The child is socialized in the cultural practice of expressing self-reflection and his identity is also created by doing that (Ochs & Capps 1996). We see that after a few attempts of PM, Peter finally discloses more of his negative feelings about his peer.

Yet from turn 24 on, PM takes a firmer stand and leaves her sounding approach and make rather strong suggestions about who and what is Peter's problem. This suggesting approach will be discussed in the next paragraph.

### 3. Suggesting

The parent introduces an issue and implies that she or he also has an opinion about that. In contrast with the two previous devices, the introduction of the issue is not neutral. It is obvious that the parent has an interpretation on whether the issue is problematic or not, whereas this message is not delivered (yet).

An often used counselling strategy of professionals is to first ask for the client's views before presenting their own views on a certain topic. This perspective display sequence is a professional strategy to prepare a client for an upcoming diagnosis (Maynard, 1991). In excerpt 3 we see the opposite, the professional suggesting the 'client' to ask the professional to display her perspective. This may be an indirect strategy to start a conversation with the boy, but it is the more remarkable because the topic of conversation is delicate and concerns the visit of PM and Patrick to his mother.

The conversation takes place in the kitchen of the family home. The table is set for the whole family, but Patrick eats on his own, because he has to leave early. PM is

very caring in dishing up dinner for Patrick. Patrick and PM are with the backs against each other, Patrick sitting at the table, and PM working at the counter. Like in excerpt 1, at certain conversational moments, PM turns around and faces Patrick who in reaction also turns his face around. This happens in turns 3, 9 and 15 and gives extra emphasis on what is said in these turns.

PM's conversational approach betrays that she wants to make an evaluation but also doubts whether she is in the legitimate position to do this. This is a typical struggle for 'epistemic authority', for there may well be different opinions about whose evaluation of the topic at hand is more significant (Heritage & Raymond, 2005). Patrick may consider issues concerning his family of origin as his domain, whereas PM may claim it also as hers (based on pedagogical expertise concerning out-of-home-placed children in relation to their parents).

Before this fragment, PM, criticized herself of being too talkative during the visit to Patrick's mother. This seems a strategy to pave the path to the introduction of a sensitive issue. It is still no surprise that PF starts the conversation by requesting the adolescent for approval of showing a professional view on his mother's behaviour during their last visit. By saying 'well', Patrick invites PM to elaborate on her perspective. At the same time, it contains an aggressive connotation that shows scepticism about that perspective. PM's report of his mother presenting PM a titbit to her at first elicits a reaction of disbelief. His laugh shows embarrassment, which may point at Patrick having second thoughts about PM's right to evaluate his mother's behaviour, and about the content of that evaluation which is suggesting that his mother is window dressing. His 'yes', as

### Excerpt 3

1	PM	hey you know what I notice::d?
2	PATRICK	well↑
3	PM	££ Mama always gave me first a coo↑kie and first a chocola↑te£
4	PATRICK	£yes?£
5	PM	did you notice?
6	PATRICK	no, not really
7	PM	well I think I look very hungry or so?
8	PATRICK	well
9	PM	££maybe Mama thought soon she starts with me £
10	PATRICK	yes >>noo I didn't notice <<
11	PM	well mama had it in good order↓.
12	PATRICK	yes
13	PM	huh. house in good order, I think
14	PATRICK	yes ((nods))
15	PM	I think it was extra neat or not?
16	PATRICK	yes
17	PM	or is it always so neat?
18	PATRICK	is always like that
19	PM	oeehhh. I can still learn from that
20	PATRICK	(laughs)
21	PM	I can still learn from that, from that mama of yours
22	PATRICK	yes (laughs)
23	PM	well, we all were right in time, huh (unintelligibly).
24	PATRICK	yes
25	PM	that is funny. I saw Irene go in.
26	PATRICK	yes
27	PM	and we saw them arrive. Apparently they didn't see us.
28	PATRICK	no

a question, again shows scepticism about her epistemic authority. PM asks then for a second approval of her epistemic authority by looking for a shared agreement on an observation of mother's behaviour (5). Patrick takes this as a request to account for his dispreferred answer. By adding 'really' he emphasizes the sincerity of his re-

action. Again it becomes obvious that PM's epistemic authority is not self-evident, at least Patrick feels free to not share PM's observation and interpretation. Now PM starts making jokes about her surprise that Patrick's mother was so personable. Patrick does not seem to get the joke and his 'well' indicates that he does not agree with PM's

interpretation and may also be a renewed request to PM for further explanation. PM does not seem to get Patrick's resistance against PM's position of qualifying his mother, and continues with a new 'funny' remark, which deeper meaning is quite aggressive (Patrick's mother swallowing PM). It is relevant that PM now laughs, indicating non-verbally that her remarks should be taken as funny. It seems an attempt to get Patrick's co-operation to discuss the home visit. PM's extra effort to gain Patrick's favour throws suspicion. It may also be a cue that she now understands that she is touching a sensitive topic and tries to soften the stress or embarrassment that goes with that (Bethea, Travis & Pecchioni, 2000). Patrick joins the laughing and gives a minimal response to the joke and then repeats that he didn't notice PM's observations. Patrick's laugh seems a demonstration of politeness, but also an indication of embarrassment and of dispreference. It is also relevant that his verbal response is not a reaction to PM's joke but a repetition of his previous reaction that he doesn't share PM's observation.

We might say that PM's effort to open up Patrick by asking him to ask her for a qualification of the visit and by making jokes has not been successful. This becomes clear in turns 15-18, PM presenting a choice about mother's presentation of a neat house. Patrick's answers (16 and 18) are contradictory, which demonstrates that his yes in 16 is no more than a continuer for politeness. This is acknowledged by PM who stops fishing for Patrick's qualifications of the visit, but providing one herself and a change of subtopic, now making the mother an indisputable compliment (11). Although PM uses the vernacular she supposes Patrick will use for indicating his mother ('mamma')

and more remarks meant to be funny (19 and 21), Patrick answers in the following turns become minimal. After the first qualification of Patrick's mother, PM heightens the positive impact of her qualifications ('it was nice and tidy', 'I can still learn from it'). For the second time, PM qualifies Patrick's mother while including herself, comparing herself with Patrick's mother or reacting to her idea that Patrick may compare the two. This gives an extra sensitive dimension to the conversation. Patrick's laugh seems mere politeness; he does not give any substantive response. In turn 23, PM tries another subtopic, which now doesn't include Patrick's mother. May be PM was aware that her qualifications are dispreferred and now touches upon more positive qualifications of less delicate issues. Yet it appears to be too late, Patrick not becoming active anymore in the conversation and giving no more reaction. Till the end of this excerpt, Patrick's reactions are minimal. They demonstrate his passive resistance to PM's efforts to get his opinions about his mother's behavior during their last visit to her. In spite of eliciting strategies (indirect questions, humor). PM cannot seduce the adolescent to qualify his mother's behaviour; that's too sensitive an issue. PM's claim that she knows Patrick's mother well enough to evaluate her performances during a visit at her house (Pomerantz, 1984) is rejected by the adolescent. Due to the delicacy of questioning PM's authority, Patrick however never does so in an explicit or direct way (Stivers & Heritage, 2001).

Contrary to the second device in which the parent cautiously operated by withholding open and direct qualifications of the adolescent's position, the parent in this fragment openly demonstrated to have all kind of qualifications and inter-

pretations to make. Although PM asked the adolescent for permission to present her valuation, and although her friendly tone showed her best intentions to discuss a sensitive pedagogical issue, the boy was clearly embarrassed and tried to save the situation by laughing at PM's exaggerations which were presented with a high joking voice. The conversation had the air of PM doing pedagogical by stimulating a reflective conversation about a delicate issue. Rather than describing straightforwardly her impressions and qualifications about mother (which may honestly be positive), she couched her thoughts in a pedagogical strategy of asking the boy for his thoughts, but in a very suggestive way. It became clear that joining the conversation did not go without resistance on the adolescent's side. Even though PM tried to cover her moralistic intentions by making jokes or emphasizing positive comments, the adolescents remained reluctant in accepting PM's perspective on his mother as a valid one.

#### 4. Advising

Giving a pedagogical comment on an issue that concerns the adolescent. The parent directly gives a qualification of the adolescent's situation and/or conduct without asking the adolescent for his or her view on the matter. We interpret advising here as overt recommendations that may include obligations (Heritage & Sefi, 1992) rather than as a negotiation into a proposal (Hall & Slembrouck, 2014). A remark in this device may be: you behaved reckless.

The topic is initiated by the adolescent. In reaction, PF compares Cynthia's pains with the other family members who don't

feel similar pains. Cynthia now makes it a game and shows her pride to have beaten the other ones. This is for PF reason to give Cynthia a reprimand of acting foolishly and of being reckless. Cynthia's 'what' is both an expression of disbelief and a request for repetition of the question or for further information. PF points at the dangers of her mindless behaviour which is the effect of her desire to win at all costs. After a denial of Cynthia, PF repeats his accusation of her driving style. The strong moralistic tone is remarkable and rare in the pedagogical conversations of this study. Yet it is understandable as a consequence of the parent's concerns about the uncontrolled behaviour of Cynthia of which he thinks that they may be life-threatening. When Cynthia gives in (9) PF mitigates his remarks and changes from an accusation mode into a warning mode. He points out that only adults are permitted to go karting, and that you have to sign for that. Cynthia has passed and her reactions are positive continuers and even a show of gratefulness for PF's advices.

It is noteworthy that when the adolescent gets it in her neck from the professional parent, she protests for a moment but soon strikes a more modest tone. One explanation for this is that in conversations about health (and life-threatening behaviour), parental authority is hardly questioned, contrary to questions about friends, school work and family of origin in which the (epistemic) authority of the parents is not taken for granted just like that (compare (Smetana, 1995). Another interpretation may be that the directive parental approach silences the adolescent.

**Excerpt 4**

General information: PF and Cynthia/17 are in the kitchen.

1	CYNTHIA	pain in my neck, back and arms (.) Wouter I have pain everywhere just because yesterday
2	PF	yes I don't understand how that is possible, none of us has any problem
3	CYNTHIA	because I got everybody slaughtered
4	PF	no you shouldn't do so mad for you were also reckless. Once you will die in go-car accident.
5	CYNTHIA	what?
6	PF	once you will die in go-car accident, if you are not careful, for you want to win at all costs and then once things work out badly.
7	CYNTHIA	no Wouter (unintelligibly)
8	PF	(nods yes) but you drive very wild though
9	CYNTHIA	okay
10	PF	yes you have to take care of that.

**Discussion**

We analysed fragments of conversations between professional parents and adolescents in which information was shared about a pedagogical relevant topic. The use of naturally occurring data enabled us to analyse the professional pedagogical practices in family homes in their daily contacts. These practices are mostly based on face-to-face contacts. By the discourse analytic method we used we were able to appreciate the richness of the conversations rather than reducing them to formalized bits of knowledge. These topics were sometimes introduced by the adolescent and sometimes by the parent. Although all conversations took place in the kitchen-diner, two of them (2 and 3) were private, nobody present but PM and the adolescent. Adolescent participation was different in adolescent and parent initiated conversations.

In the conversations we analysed for this study, the adolescent's perspectives, and

ambitions and desires following that, were leading, and only seldom were surpassed by parental directives (justified by references to the adolescent's own interests or others). This aspect of the parental discourse shows similarities with doctor-patient discourse that is characterized by patients' dependency from the medical professional, and by the professional intention to achieve patient autonomy within the context of medical and social boundaries and opportunities. Like family doctors in relation to their patients, the parents in our study tried to achieve an understanding of the adolescent's world that is shared by that adolescent rather than telling them how to deal with the problems in their lives. Like counsellors' trouble talk with HIV patient (Silverman, 1997), parents identified adolescents' circumstances as pedagogical troubles and tried to find – preferably adolescent initiated – remedies to the troubles.

The conversations of this study make up a spectrum. At the one side discourses show

parental efforts to bring about adolescents' perspectives on their life, showing in parents stimulating adolescents to tell stories, to report their experiences and to present their opinions. In this discourse, the topical input of parents is minimal; they refrain from judgment and mostly pose open questions. At the other side of the spectrum are discourses that show (open) moral parental views on the adolescents' doings and a more unassertive contribution of the adolescents. In between, we see discourses in which parents introduced certain topics that were pedagogically (and morally) relevant but that did not contain direct judgments (but had the potential to end up in a moral debate). In this spectrum, we found four patterns of parental devices: soliciting, sounding, suggesting and advising. Yet in spite of this categorization of parental approaches, our analysis showed that these devices were combined in conversations about pedagogical relevant issues. Parents may start with an open perspective to end with more directive approaches and even a demonstration of their moral judgments. More of these patterns may be present in one conversation. We also found that parents returned to more indirect and open strategies at the moment the adolescents reacted defensive to their utterances.

We started from the idea that pedagogical conversations with adolescents have a twofold aim: collecting information about the adolescent's well-being while stimulating the adolescent's self-reflection, and providing pedagogical advice in more or less open directives. These aims correspond to the broader pedagogical goal of preparing children for their future position as (self-reflective) citizens, who can live an autonomous life within the boundaries of societal order. So, child rearing practices contain two major goals: training children to do

get independent, to make up their minds, to come to self-determination, and to learn them to adapt themselves to the norms of society. Both aspects are part of daily pedagogical conversations between child raisers and children, and also of the interactions between professional parents and adolescents in our study.

Raising children is a discourse of leading children (adolescents) to autonomy, which is facilitating children to develop an age-appropriate agency, stimulating them to do the things they are able to do on their own and to protect them from undertaking risky activities that may harm themselves or others. Both pedagogical goals have a moral connotation: the ideal of individual autonomy and social order. Children get maximum leeway to take position on their way to personal autonomy, and behavioural changes are hardly achieved by an open and blunt confrontation with social norms. That may explain our finding that open moralistic expressions are rare in the conversations between PP's and adolescents.

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# Can we reliably measure social work communication skills?

## Development of a scale to measure child and family social work direct practice

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### Abstract

Few attempts have been made to define and measure the effectiveness of social work communication skills. This paper describes a coding scheme for rating seven dimensions of skilled communication in child and family social work practice and presents an empirical evaluation of whether the dimensions can be coded for reliably. Four dimensions of skill were adapted from the Motivational Interviewing Treatment Integrity (MITI) code. A further three dimensions, primarily related to appropriate use of authority, were developed in consultation with key stakeholders. The seven dimensions were used to score 133 audio recordings of direct practice. Of these, 28 (21%) were scored by three independent raters in order to test inter-rater reliability (IRR). IRR was assessed using Krippendorff's  $\alpha$  and Intra-class correlation (ICC). Results indicate that it is possible to reliably measure key elements of skilled communication, with Krippendorff's  $\alpha$  scores ranging from .461 (good) to .937 (excellent) and ICC ranging from .731 (good) to .967 (excellent). Establishing reliability provides a foundation for exploring the validity of the measure and the relationship between these skills and outcomes, as well as for further research looking at the impact of training, supervision or other methods of professional development on skills in practice. The problems and potential contribution of using such an approach are discussed.

**Keywords:** child protection, communication skills, rating scale, reliability, Motivational Interviewing, MITI

## Introduction

Effective communication is fundamental to social work, yet to date there has been little empirical research on direct practice. This paper describes the development of a coding scheme for rating key dimensions of skilled communication in child and family social work, and an empirical investigation of whether the dimensions developed can be coded for reliably.

While the importance of skilled communication is universally acknowledged, in comparison to fields such as mental health and education, social work has been slow to develop an empirical basis for defining 'good practice'. In 2004 a Social Care Institute for Excellence (SCIE) review of the literature on teaching and learning communication skills in social work education identified "an urgent need to develop a robust methodology, particularly with regard to defining and measuring the effectiveness of communication skills with service users" (Diggins, 2004, p.15). More recently, Forrester, Kershaw, Moss and Hughes (2008) and Ferguson (2011) have commented on the continued lack of research on direct practice. The absence of such knowledge is problematic. Without an empirical basis for thinking about social work communication, we have no way of knowing what skills, if any, are linked to outcomes for service users. Whilst studies in other disciplines such as psychotherapy have identified therapist qualities and techniques that positively influence the therapeutic alliance (Ackerman & Hilsenroth, 2003), we know little about how skills such as these translate into the context of statutory social work where working relationships are often non-voluntary and undoubtedly more complex.

One of the main reasons there has been difficulty developing an empirically based approach to measuring social work communication skills is the absence of research that examines direct social work practice. Here we use the term 'direct social work practice' to describe professional encounters between social workers and their clients, aimed at protecting them from harm and improving outcomes in their lives (British Association of Social Workers, 2016). These encounters take place in a variety of settings including offices, in the community and at the client's home.

Over the past decade, there has been increased interest in this area. Ferguson (2011) for example, took an ethnographic approach to understanding what has previously been the private domain of the home visit. He spent six months shadowing child and family practitioners in order to understand what social workers do, how they relate to families and the context in which this challenging work takes place. Ferguson identified that workers displayed varying levels of skill which he attributes to two key factors; organisational pressures which limit the time they had for quality direct work with families, and the personal qualities of individual workers' which affected how confident they felt interacting with children and families. His work provides rich insight, illustrated with detailed examples, into how social workers interact with families in challenging circumstances.

Hall, Juhila, Matarese and Nijnatten (2014) draw together a collection of discursive studies which explore day-to-day interactions between social workers and clients. Using audio recordings of direct practice, they examine the features of social work talk within the professional context. Like Fergu-

son, Hall et al emphasise the role of institutional practices in shaping social work interaction. Rather than drawing rigid conclusions about the components of good or bad social work communication, they emphasise the use of discursive methods to “make visible the richness and skilfulness of face-to-face interaction in real life social work” and advocate for the routine use of recording to inform professional development.

Qualitative explorations of social work encounters contribute greatly to our understanding of the complex processes involved in direct social work practice. In particular, they shed light on the context in which communication skills are applied and the ways in which this might influence the application of practice skills. It is more difficult to evaluate practice skills using solely qualitative methods. To identify generalizable links between skills and outcomes a quantitative contribution seems most appropriate. If we can reliably code for levels of skill, then we can begin to explore the links between levels of skill and outcomes.

Some attempts have been made to measure practice within the field of social work education. A literature review undertaken by Bogo, Regehr, Hughes, Power and Globerman (2002) identified three scales that have been developed; 1) the Practice Skills Inventory (PSI; O'Hare & Collins, 1997), a self-report measure which is intended to capture how frequently skills are applied, 2) a checklist developed by Wilson (1981) which assesses students' practice by evaluating their process notes and 3) a 25-item rating scale developed by Koroloff and Rhyne (1989), designed for use by students and field instructors. An important limitation of all three scales is that none were evaluated for measuring observed practice. For instance, Koroloff

and Rhyne commented that assessors often did not have time to observe practice and therefore had to rely on data provided by students on their performance. Whilst the review was undertaken over a decade ago, we were unable to identify any other studies that have reviewed existing instruments for skill measurement in social work other than those outlined below.

Bogo, Regehr, Logie, Katz, Mylopoulos and Regehr (2011) have developed a measure of observed social work practice for use in Objective Structured Clinical Examinations (OSCE's), an assessment method originally used in the medical field but adapted for social work education. In this study, OSCE's were used to assess student competence through the use of five simulated practice scenarios involving an actor playing a client. These scenarios were assessed using a rating tool which identifies competencies on a 1 (low) to 5 (high) scale. A key adaptation for the social work context has been the introduction of an additional scale to measure a post-encounter reflective dialogue with the examiner for assessing 'meta-competencies' as well as behavioural skills. The researchers explored the reliability and construct validity of the measure. Their findings indicate that the tool was able to distinguish between experienced and inexperienced practitioners and demonstrated promising internal consistency between the two rating scales.

Further research undertaken by Bogo, Regehr, Katz, Logie, Tufford and Litvack (2012) evaluated the adapted OSCE for assessing student performance at the end of the first semester in a Masters in Social Work (MSW) programme. The researchers were interested in the extent to which the method predicts how well students perform in a field setting with real clients. Students

were assessed using a single simulated practice scenario, rather than the five-scenario approach used previously. An Online Practice-Based Evaluation Tool was also used by field instructors to assess students' field performance at the midterm and end of the field practice placement. The tool assesses practice across six dimensions, with a score between 1 and 5 allocated for each one.

Findings indicate that the OSCE method is able to capture variability in student competence but that the relationship between OSCE scores and scores in field evaluation is complex. For example, some students who struggled in the OSCE performed well in field practice. Crucially, the authors highlight that they could not be certain that the ratings given by field instructors when using the field evaluation tool were actually based on direct observations of student performance in their practice settings.

There therefore seems to be a key gap in the literature: we could identify no studies that attempted to grade, rate or quantitatively categorise *direct* social work practice. Furthermore, we have found no published research on whether social work skills can be measured reliably. This seems an important gap in the literature as validity cannot be investigated until reliability of coding or marking has been achieved.

This paper sets out an approach to measuring some of the key dimensions of skilled communication involved in such work using a sample of audio recordings of practice meetings between a social worker and carers for a child. We describe the development of the coding scheme; however our focus is the evaluation of inter-rater reliability in coding for seven dimensions of skilled communication in child and family social work practice. Our primary research question is thus: *Can key dimensions of skilled social work communi-*

*cation be reliably coded by independent raters using recordings of direct practice encounters?*

This study focuses specifically on identifying and measuring key elements of communication which are important to child and family social work. In the UK, this refers to the work undertaken by qualified professionals who operate within legal frameworks to protect and support vulnerable children and their families (Department for Education, 2014). As such, child and family social workers need communication skills which will enable them to engage parents and form helpful relationships whilst also talking about and managing risk.

This study forms part of a broader programme of work undertaken by Forrester and colleagues over the last 10 years. The reliable coding of practice forms a foundation for studies exploring the relationship between practice skills and outcomes and for research on the individual and organisational factors that influence level of worker skill. Studying such relationships is only possible if skills can reliably be identified.

## **Background to the development and operationalization of the seven dimensions**

Our programme of work has explored Motivational Interviewing (MI) as a communication style within the field of child and family social work (Forrester et al., forthcoming a; Forrester et al., forthcoming b; Westlake, Killian & Forrester, 2014; Whittaker, Forrester & Antonopoulou, 2015). MI has a well-developed body of research focussed on the relationship between practice skills and outcomes for clients and an established behavioural coding system: the Motivational Interviewing Treatment In-

tegrity (MITI) code (Moyers, Martin, Manuel, Miller and Ernst, 2010). This coding system formed the starting point for the measures of skilled communication developed as part of this study. We therefore provide a brief description of MI and the MITI as well as outlining the rationale for using it in describing key elements of social work practice.

MI is “a collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller & Rollnick, 2013, p. 12). MI involves skilled communication including the use of reflective statements, open questions and affirmations to elicit and reinforce a person’s own reasons for change. MI has been of particular interest to us in understanding key elements of skilled social work communication, not least because the values and principles underpinning MI seem highly compatible with social work values (Hohman, 1998; Wahab, 2005; Watson, 2011). Furthermore, the MITI is a valid and reliable integrity measure (Forsberg, Käll-

mén, Hermansson, Berman and Helgason, 2007; Moyers, Martin, Manuel, Hendrickson and Miller, 2005; Pierson et al., 2007) which assesses how well a practitioner is demonstrating these core skills and values in their interactions with clients.

The MITI measures five dimensions of practice which are outlined in Table 1 (Moyers et al., 2010). Each dimension is measured on a scale of 1 (low) to 5 (high), based on a randomly selected 20 minute segment of a practice recording. The scores for Evocation, Collaboration and Autonomy are then averaged to provide an overall Global Spirit Rating which is the primary measure of MI skill. Empathy and Direction are considered important elements of skill but are not unique to MI; therefore the scores for these dimensions do not contribute to the overall Spirit rating.

Extensive research across different settings suggests that MI produces small but significant effects across a range of problem behaviours (Rubak, Sanboek, Lauritzen

**Table 1.** Dimensions of practice measured by the MITI

Global Dimension	Description
Evocation	‘the extent to which the clinician conveys an understanding that motivation for change, and the ability to move toward that change, reside mostly within the client and therefore focuses efforts to elicit and expand it’
Collaboration	‘the extent to which the clinician behaves as if the interview is occurring between two equal partners, both of whom have knowledge that might be useful in the problem under consideration’
Autonomy	‘the extent to which the clinician supports and actively fosters client perception of choice as opposed to attempting to control the client’s behaviour or choices’
Direction	‘the degree to which clinicians maintain appropriate focus on a specific target behaviour or concerns directly tied to it’
Empathy	‘the extent to which the clinician understands or makes an effort to grasp the client’s perspective and feelings’



& Christensen, 2005; Lundahl, Kunz, Brownell, Tollefson & Burke, 2010). However, research exploring MI in child and family social work is still in its infancy. Yet in some senses the focus on MI is incidental; our broader focus has been on understanding key elements of good practice and how they link to outcomes. MI and the MITI have provided a helpful starting point by offering a well-established measure of practice competencies which appear to be relevant to the field of child and family social work.

Findings from early studies in our programme of work suggested that the MITI might provide a useful framework for thinking about effective communication in child and family social work. Studies across different UK Local Authority settings identified differences in social worker skill in simulated interviews after a training course in MI when the MITI was used as a measure of practice skill (Forrester et al, forthcoming a; Forrester, McCambridge, Waissbein, Emlyn-Jones & Rollnick, 2008; Westlake et al., 2014; Whittaker et al., 2015). Furthermore, Forrester et al. (2013) identified significant differences between worker skills in two local authorities with different organisational models of practice. Westlake, Forrester, Killian and Whittaker (forthcoming) also identified a statistical link between MITI skills and self-reported violence or threatening behaviour from clients, with higher MI skill being associated with less reported resistance from parents. Taken together these studies suggest the MITI can be used in simulated interviews in ways that suggest links with “real world” outcomes such as the impact of training, differences between authorities and most importantly self-reported experiences with families. The skills captured by the MITI therefore provide a helpful starting point in

deciding what skills should be included in the measure developed as part of this study.

The coding scheme described in this paper was developed over several years of research. Here the key stages in the development of the scheme are described. As discussed, we have used the MITI extensively in studies looking at the impact of training in MI. It rapidly became apparent that “Direction” was not a useful dimension for our purposes. Conceptually, “Direction” was problematic because unlike the other dimensions – all of which were uni-directional with higher scores being considered to be “better” – high levels of Direction could be good or bad, depending on the ways the worker was being directive. Pragmatically, there was almost no variation in our samples: social workers were always directive when compared to counsellors and therefore little was added by coding for Direction. This left us with the three dimensions that comprise MI skill (collaboration, evocation and autonomy) and a key foundational skill (empathy).

A key criticism we faced from workers and managers in using the MITI as a measure of practice skill, was that it missed important aspects of the social work role associated with authority and the appropriate exercise of power. While there was a general sense that skills such as demonstrating empathy or working collaboratively were important, some workers suggested that a focus on empathy and parental autonomy might be dangerous if it led to a failure to focus on the child or be clear about concerns. This echoed findings from Serious Case Reviews which highlight the ease with which the focus on the child can be lost in child protection work (Office for Standards in Education, Children’s Services and Skills [Ofsted], 2010). Furthermore, it

has been argued that moving to strengths based approaches which emphasise the client's autonomy and capacity to identify and achieve goals, may result in a failure to be clear about power, authority and a focus on the child (Oliver, 2012). This seemed an important limitation for us to address. At the least we wanted to ensure that a focus on effective engagement skills with parents did not place children at risk.

We therefore developed further dimensions that attempted to provide a description of key elements of child and family social work that encompassed both the more collaborative elements (captured by the MITI) and the appropriate use of authority (Ferguson, 2011). We started by reviewing key social work textbooks and identifying key elements in the good use of authority. We then carried out four seminars which included a wide range of academics, practitioners and practice leaders. These sessions involved an iterative process of refining first the number of dimensions and then the descriptors for different levels of skill. The aim was not to capture every element of social worker skill in direct practice but to identify key elements that would allow us to describe and code for skills associated with both care and control.

The development and refinement of the approach was greatly helped by our involvement in setting-up a new practice-based postgraduate social work programme known as Frontline (see Maxwell et al., 2015). Most of the grades for the Frontline course involved direct observation and assessment of practice. The dimensions we had developed in research fed in to an adapted system for grading students on this course. The process of developing the approach to coding and trying it out on 704 recordings of direct practice, was crucially

helpful and fed-back into the development of the dimensions discussed in the current paper. We were able to refine our understanding of the key skills required in direct social work practice and of these skills, which could be coded for. See Domakin and Forrester (forthcoming) for a description of assessment of direct practice on the Frontline course.

Through this process three further dimensions of practice were identified. These were:

1. Purposefulness: The extent to which the social worker sets out and maintains a focus for the session whilst demonstrating flexibility in response to the client's agenda. To some extent purposefulness is a measure of the degree to which as a listener we feel clear about the point of the session being graded.
2. Clarity about concerns: The extent to which the social worker is clear about the reasons for professional involvement and is able to engage in meaningful dialogue with the client about issues or concerns.
3. Child focus: The extent to which the social worker ensures that the child is meaningfully integrated into the discussion in order to enhance the parents understanding of the child's needs.

For consistency, the new dimensions of skill were rated on a similar five point Likert-type scale to the MITI where 1 indicates low skill and 5 high skill.

During piloting it became apparent that one important variation to the MITI coding approach would be needed. While most of the dimensions could be coded using 20 minute segments of recorded practice, *Clarity about Concerns* and *Child Focus* required listening to a whole interview.

Finally, the dimensions and descriptors as described in the current study were tested on a sample of simulated interviews. We were left with a coding scheme based on four dimensions of the MITI plus three new dimensions focussing on appropriate use of authority. This scheme is not intended to capture all there is to direct practice. However, we developed it in order to explore whether we could reliably identify key elements of good social work practice, in the hope that if we could, this might allow the exploration of the impact of these key skills on outcomes. Here we describe whether the skills could be reliably coded for.

## Method

### Participants

Participants for this study were qualified social workers involved in the 'Engaging Parents and Protecting Children' study; a randomised controlled trial to test the effectiveness of training and supervision in Motivational Interviewing in child and family social work (Forrester et al., forthcoming a; Forrester et al., forthcoming b). In this study, all parents or carers whose child had an allocated social worker over a period of seven months were asked whether they consented to having a session with their social worker observed, audio recorded and analysed by a researcher. One hundred and thirty three parents or carers who had more than three visits from their worker agreed which resulted in 133 audio recordings of direct practice sessions from a total of 51 qualified social workers. Social workers were 80% female with a mean age of 36.9 and an average of 6.4 years post qualifying

experience. All were employed in one London local authority Children's Services department.

### Audiotaped sessions of direct practice

Sessions varied considerably, dependent primarily on the nature of the concerns. The types of issues discussed in the sessions included; domestic abuse, substance misuse, parental mental health, physical abuse, behaviour management, conditions in the home, housing and financial support. The majority of sessions took place in the family home, although some took place at the worker's office or in the community. The sessions varied considerably in length (from 11 minutes through to 2.5 hours).

### Procedure for training coders

Coders were the first author and two Research Assistants at the University of Bedfordshire. The first author is a qualified social worker and has been trained in MI and coding using the MITI 3.1.1. Neither Research Assistant had a background in either MI or social work. Coders were trained in two stages, first to code for the dimensions of evocation, collaboration, autonomy and empathy as outlined in the MITI. Then, in coding for the new dimensions of purposefulness, clarity about concerns and child focus.

Training to code using the MITI involved participating in workshops facilitated by the first author, using audio files and DVDs to familiarise coders with the style of MI. Coders were then trained using audio recordings of simulated client interviews

from a previous study involving the authors (Forrester et al, forthcoming a). Tapes from this study had been scored by 'expert coders' from two independent specialist MITI coding services which provided a 'gold standard' against which to compare scores. Coders were deemed reliable when they were able to score each of the four global dimensions within a margin of 1.0 from the 'gold standard' scores on 80% of 10 consecutive simulated interview tapes. This method replicated the one used by Moyers et al. (2005) when developing the MITI.

Once competence in using the MITI had been achieved, training then proceeded to coding all seven dimensions using direct practice audio recordings from a pilot study undertaken by some of the authors (Forrester et al., 2013). These recordings were initially coded by the first author to provide a standard against which the trainees could compare scores. As the trainee coders did not have a background in social work, the new dimensions were introduced by listening to and discussing the direct practice recordings. The trainees then followed the same process as before until they were able to code 80% of 10 consecutive direct practice recordings within a margin of 1.0 on each of the 7 dimensions of the coding tool. In total, it took approximately 60 hours of training for coders to reach inter-rater reliability on all seven domains of skill. Throughout the three month duration of the study coders met for weekly sessions in which a tape was coded collectively in order to prevent drift.

### Sampling strategy

One hundred and thirty-three audio recordings were randomly allocated for coding to

either the first author or one of the two trainee coders. Recordings were scored on each of the seven dimensions of practice using the coding scheme outlined above. The process of coding happened in stages, with 10 recordings at a time being allocated for coding. Of the 10, 20% were randomly selected to be scored by all three coders in order to test for inter-rater reliability. Scores were then checked and a further 10 recordings were distributed, repeating the same process. This allowed for any issues with reliability to be addressed through discussion and further training at an early stage. In total, 28 (21%) of the 133 audio recordings were scored by all three coders.

### Data analysis

Inter-rater reliability was calculated using two analytic tests. Inter-rater reliability was first assessed using Krippendorff's  $\alpha$  (Hayes & Krippendorff, 2007). This statistic of IRR has the advantage of being able to estimate reliability at any level of measurement (nominal, ordinal, interval/ratio data), any number of raters, and regardless of missing data. Values greater than .40 are considered good, and values greater than .75 are considered excellent (Krippendorff, 1987; Lombard, Snyder-Duch & Bracken, 2002; Reeves, Mullard & Wehner, 2008).

Intra-class correlation (ICC) was calculated using a two-way and agreement based variant (Hallgren, 2012). This commonly reported statistic for IRR is able to provide a statistic given nominal, ordinal or interval/ratio data from two or more raters. ICC, when using a consistency variant, computes a reliability statistic based on variation between raters and not absolute agreement in scores. Larger disagreement between raters,

or greater variation among raters, will result in lower estimates of reliability and lower scores. Generally, ICC scores of less than .40 are considered to have poor IRR, scores between .40 and .59 are considered to have fair IRR, scores between .60 and .74 are considered good IRR, and scores over .75 indicate excellent IRR (Cicchetti, 1994). Prior reliability analyses for MITI have used the same ICC analysis and variant (Moyers et al., 2005; Moyers, Rowell, Manuel, Ernst, & Houck, 2016).

## Results

Results from the reliability analyses including means and standard deviations for each coder are provided in Table 2. Inter-rater reliability between coders was all good to excellent. For core dimensions of MITI, each demonstrated good ( $\alpha > .40$ ) and excellent ( $\alpha > .75$ ) Krippendorff's  $\alpha$  scores with a range between .731 to .796. Similarly, the ICC scores indicated excellent inter-rater reliability with scores ranging from .897 to .924. The coders demonstrated excellent reliability with the MI Spirit Skill scores with

Krippendorff's  $\alpha = .937$  and ICC = .967 for this measure.

Indicators of inter-rater reliability for the new dimensions of social work skill were lower, although scores indicated good to excellent reliability among raters. Krippendorff's  $\alpha$  ranged from .461 to .649, and ICC ranged from .731 to .853.

Evocation can only be coded when a behaviour change issue is discussed. Social work interviews often cover a wide range of issues and it was not always obvious whether a behaviour change issue had been discussed in sufficient detail to allow coding for evocation. The decision by the raters to code Evocation was therefore analysed. In 24 of the 28 cases, all three raters agreed on appropriateness of coding for Evocation, or an agreement rate of 86% among all three raters. Where coders decided to score for evocation, it was possible to identify a behavioural change issue that related to the individual being spoken to. In these instances there was usually evidence of the worker trying to change a parent or carers behaviour either through persuasion and education (low scoring) or through evocative techniques which draw on the parent's

**Table 2.** Inter-rater reliability (IRR) among MITI+ domains (n=28)

Domain	Coder 1 mean (SD)	Coder 2 mean (SD)	Coder 3 mean (SD)	Krippen- droff's $\alpha$	Intra-Class Correlation
Evocation	2.52 (0.87)	2.71 (1.01)	2.62 (0.80)	.731	.897
Collaboration	2.88 (0.97)	2.84 (0.99)	2.72 (1.06)	.796	.918
Autonomy	2.96 (1.04)	2.83 (0.96)	2.67 (0.82)	.741	.930
Empathy	2.69 (1.16)	2.81 (1.23)	2.85 (1.01)	.797	.924
MITI Skill	2.81 (0.89)	2.79 (0.90)	2.67 (0.85)	.937	.967
Purposefulness	3.00 (0.63)	3.04 (0.60)	3.19 (0.69)	.461	.731
Concerns	3.00 (0.89)	3.00 (0.98)	2.88 (0.99)	.589	.846
Child Focus	3.04 (0.77)	2.92 (0.69)	2.92 (0.80)	.649	.853

intrinsic motivation (high scoring). Examples of the sorts of change issues that were discussed included managing children's behaviour, school attendance, substance misuse, domestic abuse and improving home conditions.

## Discussion

This paper has described the development of a coding scheme to measure seven key dimensions of skilled communication in child and family social work practice. The primary aim of this study was to test whether these dimensions could be reliably coded by three independent raters using audio recordings of direct practice. The findings from this study were promising. Krippendorff's  $\alpha$  scores ranged from .461 (good) to .937 (excellent) and ICC ranged from .731 (good) to .967 (excellent) across all seven dimensions, suggesting that raters were able to reach a high level of agreement around the quality of practice in relation to different elements of skilled social work communication. Inter-rater reliability was slightly higher for the dimensions adopted from the MITI than the newly developed ones. However, this is somewhat unsurprising given that the reliability of the MITI has been long established (Moyers et al., 2005; Pierson et al., 2007).

Inter-rater reliability for the global spirit rating and dimension of empathy was in a range that is comparable to, if not higher than, in other settings (Moyers et al., 2005; Forsberg et al., 2007; Pierson et al., 2007; McCambridge, Day, Thomas & Strang, 2011; Seng and Lovejoy, 2013; Spohr, Taxman, Rodriguez & Walters, 2015). This was a welcome finding as the reliability of the MITI has not previously been established in

child and family social work settings. There are few equivalent studies in the field of social work from which to draw comparisons about inter-rater reliability. However, it is possible to draw from research within the field of Medicine where the assessment of communication skills is commonplace (Comert et al, 2016; Zill et al, 2014). Findings from a systematic review of measures of physician-patient communication suggest that out of ten studies that examined observer instruments, only two received a 'good' score for inter-rater reliability (Zill et al, 2014). Whilst these studies examine practice in the context of medical settings, they do suggest that the level of inter-rater reliability achieved in this study was extremely promising for an instrument measuring direct practice communication skills.

The reliable coding of key dimensions of skilled communication provides an important foundation for further work exploring the validity of the measures. Ultimately, our broader aim is to understand whether any of the dimensions of skilled communication described in this paper predict client outcomes. For instance, are highly empathic or purposeful workers more likely to create client change than workers who are less empathic or purposeful? Research on the effectiveness of social work communication skills is an area that is strikingly absent from the social work literature. Reliability is an important step in this process, but the most important test of worker skill is client outcomes (Bogo et al, 2002). In a series of on-going studies we explore links between skills and outcomes, using the reliability of the measures, as a foundation.

The reliable coding of skills will also allow researchers to explore what factors influence social worker skills. At present we are undertaking studies comparing dif-



ferent local authorities and teams within local authorities, evaluating training programmes and analysing different approaches to supervision. Reliable measures of worker skills provide a way for social work research to explore key factors that might influence the quality of practice.

This work is founded on the ability to reliably measure practice. However, the process of doing so has also identified challenges for such an approach. A key issue is the complexity of evaluating practice, and in particular the importance of the interplay between *practice* and *context*. Specifically, to what degree should worker skill be conceptualized as dependent on context and to what degree can key elements be seen to be universal? Huntley et al (2012) argue that assessment of communication should be based on whether the approach 'works' in any given context, rather than whether or not a clinician is able to evidence a pre-defined set of skills. Furthermore, in their study of OSCE's, Bogo et al (2011) found weak correlations between scores from any two randomly selected simulated client interviews (out of a possible five), suggesting that the application of social work skills may be context specific.

In this study, raters raised concerns with regards to making judgements about some dimensions of skill in the absence of context. For example, could it be appropriate to focus exclusively on the parent's needs if a previous discussion focused extensively on the needs of the child? These decision making processes would not necessarily be reflected in the scores. However, raters also suggested that some dimensions of practice such as collaboration, empathy and purposefulness seemed less dependent on context, in that it is hard to imagine interviews where good practice would be characterised

by a lack of purpose, empathy or collaboration. Our learning from this study suggests that consideration of such contextual factors is likely to provide the best indication of what best practice is in any given situation. Establishing a reliable coding system for key dimensions of practice provides a foundation for empirically exploring some of these contentions.

The issue of context touches on another element of the coding approach that requires further thought. In this study, the decision was made not to code for evocation on 25% of the sample because no behaviour change issue was discussed. This may be for legitimate reasons (for instance because the focus was solely on assessment or discussion of a social problem). However, it may also be because the worker does not successfully create a conversation about what appears to be a legitimate change issue. The complexity involved in these considerations is an area which requires further consideration.

Yet, analysis of conversation is not solely about understanding specific interactions in context – important as that is. At a wider level we need to be able to define key elements of good practice so that we can develop better descriptions of what good social work is, provide social work education and assessment based on this, and build organisations more able to deliver such good practice. It is in this area that we need to build generalizable models of good practice. A key step in such a programme of work is to ensure that the models can be reliably recognized.



## Limitations

There are several potential limitations to this study. The research was carried out in one London based Children's Services department, and while it is currently being replicated in seven other authorities, for the reported findings this may affect generalizability. Secondly, the interviews recorded were predominantly toward the beginning of social work contact, and while representative of all cases allocated, most were from families identified by workers as being low risk. It is possible that the pattern of social work communication is different in important ways in longer-term work and with cases where there are higher level concerns.

At a more fundamental level, our study focuses on skills in direct communication with parents. There is far more to good social work than this, including, amongst other things, talking to children and young people, work with whole families, assessment and decision-making, liaising with other organisations, managing multi-professional meetings, writing up reports, not to mention phone and email contact and numerous other aspects of practice. We are therefore reporting solely on one element of social work – albeit an element that is widely perceived to be of considerable importance.

Finally, establishing reliability does not mean these dimensions should be reified. Indeed, some of the dimensions seem so closely related to one another that it may not be worth separately coding for them. More importantly, the ultimate test is of the validity of the dimensions. It is in their ability to predict key elements of parental experience and child and family outcome that these dimensions must ultimately be judged. The research reported here simply constitutes

a first step in a process of developing our understanding of how to code and quantitatively research social worker skills.

## Recommendations

As mentioned, an important next step is exploring the predictive validity of the measures: do these skills influence outcomes for children or families? And if they do, which skills and to what degree? Such considerations should feedback into further refinement and development of our understanding of worker skills and the way that the level of skill is best operationalized.

Once skills can be reliably coded for and linked to outcomes the factors that shape the level of skill require study. These could include variation between worker, between organisations and the impact of specific interventions such as training.

Further research is also needed to explore the degree to which skills are consistent across sessions. We have established that different raters listening to the same session can achieve a high degree of agreement. However, we do not know the degree of consistency for individual workers across different sessions: to what degree can level of skill be thought of as something we ascribe to individual workers, and to what degree might it be best thought of as varying by context. This is a crucial question for understanding the nature of social worker skills, and a reliable coding system allows it to be analysed empirically.

Related to this, understanding contextual issues and how they shape practice seems a particularly important next stage in refining our understanding of social worker skills. Whilst quantitative measures enable us to make generalizable links between

practice skills and outcomes, a combination of both qualitative and quantitative analyses is likely to generate the most meaningful picture of worker interaction (Ackerman & Hilsenroth, 2003). We would therefore recommend that further research explore the interplay between practice and context in greater depth. This might include exploring variations in skill across different sessions, analysing sessions with the addition of contextual information, or the development of the measure to include more in-depth combinations of observations of decision-making and practice to provide a multi-level view of practice. Ultimately the aim should be to identify some elements of practice that should be universal, others that are context dependent.

Having established that reliability is possible through an in-depth and time-consuming process, it is important to explore whether acceptable reliability is achievable through a streamlined process. This is particularly important if ultimately it is hoped that the codes might be useful in evaluating social workers, students or services. Currently in England it is proposed that child

and family social workers will be accredited through simulated interviews, amongst other measures (Department for Education, 2014). Our study suggests that to do so reliably may be possible, but that achieving such reliability is likely to be a painstaking process – as well as one that does not necessarily have evidence for its validity.

## Conclusion

Our aim in developing a reliable tool for coding direct practice is thus on the one hand to allow us to begin to explore the complex interplay between worker skill and outcomes for families, and on the other to help us think about what factors influence worker skill. The tool we have reported on in the current paper is therefore a foundational aspect of an on-going programme of work. Yet as such it is simply a starting point in helping us think about what good practice is, what difference it makes and how we can create organisational structures and cultures that support excellent practice.

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# Look who's talking

## A Motivational Interviewing based observation study of one-on-one conversations between residential care workers and adolescents

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### Abstract

Despite its relevance and effectiveness in adjoining fields, still surprisingly little attention has been paid to Motivational Interviewing (MI) in the context of residential youth care. This study aims to analyse observed interactions between adolescents and group care workers during one-on-one conversations from a MI perspective. We specifically focused on the MI adherent and MI non-adherent behaviours of care workers on the one hand, and motivation for change in terms of 'change talk' and 'sustain talk' by adolescents on the other. Audio recordings of 27 conversations show that care workers most often use the MI non-adherent behaviours 'persuasion without permission' and 'confronting' when they try to change adolescents' attitudes or behaviours. MI adherent behaviours, i.e. 'being affirming', 'seeking collaboration' with and 'emphasizing autonomy' of the adolescent, are rarely used during the conversations. In terms of motivation for change, adolescents equally use 'change talk' and 'sustain talk' and often respond 'neutrally' to care workers. 'Change talk' and 'sustain talk' by the adolescent does not consistently follow MI adherent and non-adherent behaviours of care workers, and vice versa. The results suggest that MI training of care workers and more research on MI in residential youth care is wanted.

**Keywords:** adolescents, group care workers, residential youth care, Motivational Interviewing, interactions, motivation for change



## Introduction

Professionals often face challenges in building good therapeutic alliances with adolescents in residential youth care facilities (Harder, 2011). Early on these adolescents may have received other types of care that were ineffective in reducing their problems (Baker & Curtis, 2006; Harder, Knorth, & Kalverboer, 2015). Possible consequences of their care histories are that the adolescents are negative about the contact with and lack confidence in their care workers (cf. Lodewijks, 2007). Moreover, adolescents in residential youth care are often poorly motivated for the changes that professionals want to achieve (Harder, 2011). Both previous care experiences, having little confidence in care workers, and a low level of motivation for change are associated with poorer outcomes (Barnhoorn et al., 2013).

Important for positive outcomes are good therapeutic alliances between clients and professionals (McLeod, 2011). Professionals can build these alliances by applying treatment skills (Baldwin, Wampold, & Imel, 2007; Harder, 2011) such as being supportive and understanding, and being able to make an accurate interpretation of what is said by the client (Ackerman & Hilsenroth, 2003). Although there is evidence that treatment skills of professionals such as being reliable and clear are essential for a good therapeutic alliance with adolescents in secure residential care (Harder, Knorth, & Kalverboer, 2013), we were unable to locate studies that focus on *how* residential care professionals exactly try to build these alliances.

Research regarding interactions between professionals and adolescents in

residential youth care in the Netherlands suggests that group care workers intuitively apply a *controlling* approach in handling externalizing behaviour problems of youth during residential care (Bastiaanssen et al., 2012; Van Dam et al., 2011; Wigboldus, 2002). In addition, research in the Netherlands and in the United States suggests that residential care workers try to change adolescents' attitude and behaviour by applying *external* rewards during residential care, such as the use of a points and levels system of behaviour management (Bartels, 2001; Drumm et al., 2013; Durrant, 1993). In other words, the treatment approach is focused on promoting a desirable adaptation and development process with the adolescent while residing at the institution (Abrams & Aguilar, 2005; Abrams, 2006; Englebrecht, Peterson, Scherer, & Naccarato, 2008; Henriksen, Degner, & Oscarsson, 2008). Consequently, adolescents often show social desirable behaviour during care to satisfy external demands (Ryan & Deci, 2000) since they know what is expected of them and how they should behave (cf. Abrams, 2006; Harder, 2013).

Two problems are associated with the previously described external regulatory approach (Gilman & Anderman, 2006; Ryan & Deci, 2000) of control and promoting desirable behaviour. First, a controlling approach is associated with building poor therapeutic alliances (Harder, 2011) and achieving poor outcomes of care (Lipsey, 2009). Second, a socially desirable behaviour approach focuses on adolescents' *extrinsic* motivations instead of more *intrinsic* motivations for change. This focus can explain the difficulties of achieving *sustainable*, positive behaviour change with adolescents after their departure from res-



idential care (cf. Colson et al., 1991; Kromhout, 2002). For a sustainable, positive change it is necessary that behaviour is performed in absence of external pressure and that motivation for change is based on one's own decision (Deci & Ryan, 2002). More intrinsic or autonomous motivations for change seem to result in greater treatment adherence and long-term maintenance of change with clients (Markland, Ryan, Tobin, & Rollnick, 2005).

An effective treatment method that is specifically designed for both promoting autonomous motivation of clients and building genuine, good therapeutic relationships with clients by care workers is *Motivational Interviewing* (MI, Miller & Rollnick, 2013). There are also other methods that focus on building relationships with youth, such as Life-Space Interviewing (see, for instance, D'Oosterlinck, Goethals, Broekaert, Schuyten, & De Maeyer, 2008). However, these methods do not focus on reinforcing intrinsic motivation for change of young persons in care. MI is a "collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2013, p. 12). By applying MI skills, a care worker can build an effective, positive relationship with an adolescent that is aimed at increasing adolescents' *intrinsic* motivation for change (cf. Harder, 2011; Henriksen et al., 2008). A care worker who applies MI aims to be empathic, accepting, warm and genuine by showing MI adherent behaviours in terms of reflective listening, affirming, seeking collaboration with the client, emphasizing autonomy of the client, and directing and advising with permission of the client. Care workers who work according to MI abstain from MI non-adherent behaviours, including con-

fronting, directing and advising without permission of the client (Moyers, Manuel, & Ernst, 2015).

A first hypothesized mechanism of action in MI studies is that by applying MI skills, the therapist evokes self-motivational speech or client 'change talk' that will predict client outcomes (Magill et al., 2014). 'Change talk' refers to client statements in favour of behaviour change, such as desires, abilities, reasons and needs to change (Miller & Rollnick, 2004; 2013). Young adult substance use treatment studies show that therapists can directly influence clients' 'change talk' by applying MI adherent behaviour, including reflective listening, particularly during conversations (Gaume, Bertholet, Faouzi, Gmel, & Daeppen, 2010). 'Change talk' in turn predicts MI adherent therapist behaviour (Gaume et al., 2010). There is some evidence that 'change talk' is associated with improved client outcomes in substance abuse treatment with adolescents (Baer et al., 2008; Strang & McCambridge, 2004). Recent research with young adults specifically suggests that 'strong' 'change talk' with a higher intensity of inclination towards change (i.e., client utterances such as 'definitely' or 'I swear') is more predictive of positive outcomes than 'weak' 'change talk' with a lower intensity of inclination towards change (i.e., client utterances such as 'probably' or 'I guess') (Gaume et al., 2016).

A second hypothesized MI mechanism is that the therapist reduces or avoids client resistance by softening counter-change or 'sustain talk' of the client. 'Sustain talk' refers to client statements in favour of maintaining (the undesirable) behaviour, such as desires, abilities, reasons and needs *not* to change (Miller & Rollnick, 2013). There is evidence that 'sustain talk' of clients is

more likely to be followed by MI non-adherent therapist behaviour, and vice versa (Gaume et al., 2010; Moyers & Martin, 2006). Moreover, both adolescents' 'sustain talk' and therapists' MI non-adherent behaviour are associated with poor outcomes of treatment (Apodaca & Longabaugh, 2009; Magill et al., 2014).

MI seems to be relevant particularly for implementation by professionals in the context of residential youth care. First, research suggests that MI is useful for treatment of substance abuse problems of adolescents in secure residential care (Stein, Lebeau et al., 2011). Second, MI seems to be specifically relevant for adolescents in care, considering its positive results with clients who show comparable problems, such as substance abuse (Burke, Arkowitz, & Menchola, 2003; Jensen et al., 2011) and risky behaviour (Lundahl & Burke, 2009). Third, MI is particularly appropriate for adolescents because MI focuses on autonomy of individual clients. Autonomy and independence are often important issues during adolescence (Feldstein & Ginsburg, 2006; Naar-King & Suarez, 2011). Fourth, MI seems to work best for clients with severe problem levels (cf. Arkowitz, Westra, Miller, & Rollnick, 2008; Lundahl & Burke, 2009), which is often the case for adolescents in residential treatment.

Despite its relevance, still surprisingly little attention has been paid to MI in the context of residential youth care. To our knowledge, the only studies were conducted in juvenile correctional facilities in the United States. Some studies focused on MI effectiveness and found that incarcerated adolescents who received MI had lower rates of drinking combined with driving, and alcohol and marijuana use after release compared with adolescents who

received relaxation training (Stein et al., 2006; Stein et al., 2011; Stein, Clair et al., 2011). Two other studies focused on MI training and found training to be associated with positive changes in professionals' MI knowledge and responses to written vignettes (Hohman, Doran, & Koutsenok, 2009) and delict scenarios on video (Doran, Hohman, & Koutsenok, 2011). None of the studies focused on the applied skills of care professionals *in practice* by observing interactions between adolescents and professionals. Therefore, it is unknown whether and how care workers apply MI skills in interaction with adolescents during residential care.

## Study aims

This study aims to analyse communicative interactions between adolescents and care workers during one-on-one conversations from a MI perspective. We will use observation research by means of audio recordings because, in contrast to interviews and questionnaires, observations can provide more objective information about the actual behaviour and skills of both adolescents and professionals. The study addresses the following research questions:

- What type of MI adherent and MI non-adherent behaviours do care workers show during one-on-one conversations with adolescents?
- What type of motivation for change do adolescents show in terms of 'change talk' and 'sustain talk' during one-on-one conversations with care workers?
- What are the interactions between MI (non-) adherent behaviours of care workers and adolescent behaviours during one-on-one conversations?

We expect that care workers who haven't had a specific training in MI, will show different types of MI non-adherent behaviours since research suggests that they (intuitively) apply an external regulatory approach of control while promoting desirable behaviour (e.g., Bastiaanssen et al., 2012; Henriksen et al., 2008). Consequently, we also expect that adolescents will mainly show 'sustain talk' during conversations since 'sustain talk' of clients is more likely to be elicited by MI non-adherent behaviour of care workers. With regard to the third research question, we expect MI adherent behaviour of the care worker to be followed by 'change talk' of the adolescent, and vice versa, and MI non-adherent behaviour to be followed by 'sustain talk', and vice versa.

## Method

The present study is part of a research project in the Netherlands that focuses on the development and evaluation of a MI-based treatment programme for group care workers and teachers during one-on-one conversations with adolescents in (secure) residential youth care. The research project focuses on group workers and teachers because they interact with the adolescents on a daily basis and can be seen as a key factor in eliciting positive changes among the adolescents (cf. Englebrecht et al., 2008; Knorth, Harder, Huyghen, Kalverboer, & Zandberg, 2010).

During this project there are two measurements which consist of audio recordings of one-on-one conversations. The first round (T0) consists of a baseline measurement at a moment the care workers have

not yet received a specific training in Motivational Interviewing. The second round (T1), after the workers do have received training in Motivational Interviewing, implies a measurement to assess whether the care workers are using more MI skills.

For the present study, we used audio recordings of one-to-one conversations between adolescents and group care workers from T0. This measurement aims to identify the contents of the current one-on-one conversations. We specifically observed sequences in interactions between youth and professionals for the present study. Since none of the participating teachers made audio recordings of their one-on-one conversations with adolescents, we only used recordings of group care workers.

## Setting

Group care workers of six residential groups from three residential youth care facilities were involved in the present study. These facilities are located on five sites in the north of the Netherlands. An important component of care and treatment in all facilities are the activities at the residential groups consisting of a maximum of eight to twelve adolescents. Of the six participating groups, three provide compulsory treatment and three provide voluntary treatment, both to young people aged 12 to 23 years old with psychiatric and behavioural problems.

Group care workers all function as a so-called *coach* for individual adolescents. During their stay all adolescents are assigned to a coach. The assignment to care workers as coach is mainly based on the order of placement. The coach is involved

in the adolescents' individual treatment planning and is the most important group care worker for the adolescent during his/her stay. On special occasion the coach has a one-on-one conversation (i.e., coach conversation), with the adolescent. Usually these one-on-one conversations take place once a week or every other week and have a counselling purpose.

## Procedure

The managers of the three facilities selected the residential groups – two per facility – that would participate during the study. Eligible participants in the study were all care workers who were employed in the selected groups. We did not use other selection criteria. This resulted in a total of 43 care workers. They were informed about the research project by the researchers during focus groups and by e-mail, including an information flyer. They also received specific instructions for making the recording. One of the instructions was to record a one-on-one conversation with an adolescent, preferably for whom the care worker functioned as a coach. They were instructed to record a *usually occurring* one-on-one conversation, so that we were able to draw a clear picture of the common approach during conversations in practice.

All adolescents were informed about the recording by their coach and had to give permission for the recording. In first instance, we planned to make video recordings of the conversations, but due to practical problems and resistance by the care workers we used audio recordings.

This resulted in audio recordings of 27 one-on-one conversations between group care workers (i.e., coaches) and adolescents.

The other 16 care workers (37.2%) were unable to make a recording due to personal problems, practical problems (e.g., had to go to school during the MI training), refusal of the adolescent to participate, and problems within the facility.

By analysing the conversations the research team found out that, on average, each conversation had three objectives (e.g., change targets), ranging from one to six. The conversations had a large variety of objectives, including for example sex education, being less involved in fights, and no drugs abuse. The duration of the conversations ranged from 1:13 minutes to 55:41 minutes, with an average (mean) duration of 17:35 minutes. Most of the conversations remained quite superficial: the change targets were not discussed very thoroughly by workers, and the subjects that were talked about during the conversations often changed.

## Coding process

Each audio recording was transcribed by a team of two Master students, three research assistants and the lead researcher of the project by using the software programme F4. After that, each recording was coded according to the following procedure:

1. Listening to the recording and reading the transcript of the whole conversation, and clarifying change target(s) according to the objectives during the conversations;
2. Coding behaviour counts of the care worker by the MITI (see below at 'Instruments');
3. Coding behaviour counts of the client by the MISC (see below at 'Instruments').

The transcripts were coded by the lead researcher and the project leader, two research assistants and two Master students. The two Master students, the lead researcher and the project leader first studied the MITI encoding scheme, and followed a MITI training of four hours by a member of MINTNed. After completing the training, they trained the two research assistants in the MITI coding system. The coders studied the manual of the MISC accurately. After this self-study the coders assessed and coded two transcripts individually and discussed - supervised by the project leader and the main researcher - their findings in detail. This resulted into a *coding agreement list* which was designed to ensure the coders to interpret the MISC likewise.

All the 27 transcripts were, for both the MITI and the MISC, coded in order to achieve consensus. First the researchers, one research assistant and two Master students coded two transcripts individually. Then they compared their individual coding and discussed differences in coding. Based on mutual agreement, final codes were assigned. Eight transcripts were coded in consensus by the project leader, one research assistant and two Master students. Nine transcripts were coded in consensus by two Master students, and reviewed by the project leader or a research assistant. Eight transcripts were coded by pairs consisting of a research assistant and the lead researcher or project leader.

## Instruments

**Care workers' MI adherent and non-adherent behaviours.** MI adherent and MI non-adherent behaviours by care workers were measured by the Dutch version of the

Motivational Interviewing Treatment Integrity Code (MITI 4) (Moyers, Rowell, Manuel, Ernst, & Houck, 2016). The aim of the MITI is to assess MI skills applied by therapists (care workers) during observed conversations with clients. The MITI 4 (Moyers et al., 2015) consists of two components: global scores and behaviour counts. Each conversation is given a *global score* on four dimensions: empathy, partnership, softening 'sustain talk', and cultivating 'change talk'. In contrast to global scores, *behaviour counts* give no overall impression of the quality of the conversation; each occurrence of the behaviour of the care worker in focus is scored. For the present study, we only used the ten behaviour counts because we were mainly interested in the type of MI (non-) adherent behaviours and adolescents' responses to these behaviours during the conversation. Behaviour counts are intended to capture specific behaviour of the care worker.

The behaviour counts for care workers are: (a) 'Giving Information' (GI): gives the client neutral information; (b) 'Persuade without permission' (Persuade): tries to influence or convince the client to change; (c) 'Persuade with permission' (Persuade With): persuades the client, but while doing so s/he seeks collaboration with the client or supports autonomy of the client; (d) 'Questions' (Q) that are asked to the client; (e) 'Simple Reflection' (SR): repeats what the client already said, which goes not far beyond the client's original statement; (f) 'Complex Reflection' (CR): this reflection adds substantial meaning or emphasizes what the client already said; (g) 'Affirm' (AF): accentuates something positive about the client; (h) 'Seeking Collaboration' (Seek): tries to share power or recognises the expertise of the client; (i) 'Emphasizing

Autonomy' (Emphasize): the responsibility of making decisions about and actions pertaining to change are attributed to the client; (j) 'Confront' (Confront): the professional confronts the client, for example by correcting, criticizing, disagreeing or arguing with the client.

With regard to 'Questions' (Q) we additionally made a distinction between 'Open Questions' (OQ) and 'Closed Questions' (CQ). The behaviour counts 'Affirm', 'Seeking Collaboration' and 'Emphasizing Autonomy' are considered to be MI Adherent (MIA) behaviour; 'Persuade without permission' and 'Confront' are considered to be MI Non-Adherent (MINA) behaviour.

The recommended MITI basic competence and proficiency thresholds for professionals that are considered as 'sufficient' refer to the use of 40% 'complex reflections' (i.e., the number of 'complex reflections' divided by the total number of 'complex' and 'simple reflections') and to a 1:1 reflection-to-question ratio during conversations with clients.

Recent research shows good reliability of the MITI 4 (Moyers et al., 2016).

### **Adolescents' motivation for change.**

Motivation for change among adolescents was measured based on the content of 'change talk' and 'sustain talk' of adolescents during the one-on-one conversations, thereby using the Motivational Interviewing Skills Code (MISC) encoding scheme, version 2.5 (Houck, Moyers, Miller, Glynn, & Hallgren, 2013). The MISC 2.5 consists of a global score for client self-exploration and behaviour counts. For the present study, we only used the behaviour counts because

we were mainly interested in the type of 'change and sustain talk' of adolescents during the conversations.

Each utterance of the adolescent was coded as positive (+) if it reflected inclination toward, and as negative (-) if it reflected inclination away from changing the target behaviour. 'Change (+) talk' or 'sustain (-) talk' could be coded into the following categories: (a) 'Commitment' (C): intention regarding the introduction or maintenance of a behaviour change or implementation of a behaviour change strategy; (b) 'Reasons' (R): why one should change or not change; (c) 'Ability' (A): (dis)belief in one's own capacity or capability to change the target behaviour; (d) 'Desire' (D): a wish for (no) change including statements regarding a client's motivation for change; (e) 'Need' (N): the necessity for changing or maintaining the target behaviour; (f) 'Taking Steps' (TS): the client made a recent behaviour change against or toward the target behaviour; (f) 'Other' (O): utterances which are not well categorized as categories above, but are about changing or maintaining the target behaviour.

Utterances that did not fall within the previous categories were coded 'FN' (Follow/Neutral/Ask). In such cases the response of the adolescent follows along with the care worker, but it does not involve a change of (towards or against) the specific target behaviour. When the adolescent asks a question, seeks advice or opinion of the worker, or requests for information this code is also used.

**Table 1.** Characteristics of the care workers (N=27) at time of recording

	<b>M</b>	<b>SD (range)</b>
Age	38.7	8.5 (23-54)
	<b>N</b>	<b>%</b>
Gender [male]	14	51.9
Level of education		
Secondary vocational education	10	37
Higher Education	17	63
Ethnicity		
Dutch	21	77.8
Antillean	1	3.7
Surinamese	1	3.7
Dual nationality (including Dutch)	4	14.8

**Table 2.** Characteristics of the adolescents (N=22) at time of recording

	<b>M</b>	<b>SD (range)</b>
Age	16.3	1.4 (13-19)
Length of stay in months	5.6	5.0 (0.5-24)
	<b>N</b>	<b>%</b>
Gender [male]	14	63.6
Measure of placement [voluntary]	13	59.1
Intelligence level		
Below average	4	18.2
Average	18	81.2

Currently, there is no information available about the reliability and validity of the MISC 2.5.

## Participants

Background data, based on information from the care workers, for the 27 care work-

ers and the 22<sup>1</sup> adolescents who participated in the one-on-one conversations are respectively shown in tables 1 and 2.

All care workers were qualified for working with youth. Part of their former education is training in communication skills, like showing empathy and active listening. The care workers did not receive any specific

.....

1 Five adolescents participated in two one-on-one conversations



training in Motivational Interviewing, although some of them indicated that they had knowledge about MI.

## Data analysis

We analysed and described the overall frequencies of care worker MI (non-) adherent behaviours, adolescent 'change talk' (CT), 'sustain talk' (ST), and 'neutral' responses. For each conversation, we calculated a MI adherent behaviour percentage: the number of MI adherent behaviours divided by all MI adherent and non-adherent behaviours. We also calculated a CT percentage: the number of CT utterances divided by all adolescent utterances. In addition, we selected fragments from the conversations to illustrate care worker behaviours, adolescent behaviours and interactions between the two.

## Results

### MI adherent and non-adherent behaviour of care workers

During the conversations 25 care workers showed, in total, 35 times (18.6%) MI adherent behaviours and 153 times (81.4%) MI non-adherent behaviours. Two care workers showed neither MI adherent nor MI non-adherent behaviours during their conversations (with talks' durations of 1:13 and 5:20 minutes, respectively).

Based on the prevalence of MI (non-)adherent behaviour, three care worker groups can be distinguished: first, nine care workers (33.3%) used MI non-adherent behaviours

only; second, thirteen care workers (48.1%) used both MI adherent and non-adherent behaviours; and third, a group of three care workers (11.1%) mainly used (relatively small amounts of) MI adherent behaviours.

According to the prevalence of MI (non-) adherent behaviour, 'Persuasion without permission' of the adolescent (61.2%) is most often used by the care workers, followed by 'confronting' (20.2%). These two MI non-adherent behaviours are shown by 23 (85.2%) and 13 (48.1%) group care workers, respectively.

The MI adherent behaviours 'affirming' (7.4%), 'seeking collaboration' with (5.3%) and 'emphasizing autonomy' of (5.9%) the adolescent are rarely used during the conversations. These behaviours are shown by ten (37.0%), eight (29.6%) and six (22.2%) care workers, respectively.

On average, the care workers used 'questions' 3.1 times more often than 'reflections' during their conversations. Two care workers, who had the shortest conversations, did not use 'reflections' at all. The 27 care workers on average used, relative to 'simple reflections', 33.4% 'complex reflections' during their conversations, ranging from 0% to 100%.

### Change and sustain talk of adolescents

On average, the 22 adolescents used 13.5% 'change talk' and 13.5% 'sustain talk' during the conversations. A majority (73.0%) of adolescents' utterances are 'neutral'. Besides 'neutral' responses, one adolescent only used (small amounts of) 'change talk' during her conversation (of 2:25 minutes). All other adolescents used both neutral responses, 'change talk' and 'sustain talk'.

Overall, adolescents equally use 'change' and 'sustain talk' during the conversations.

**Change talk.** In total, adolescents used 'change talk' 240 times during the conversations. They often use this type of talk in terms of 'reasons' for change (24.9%). In the following fragment, an adolescent (A) mentions different reasons for having a job during the conversation with his care worker (C):

C: Because what are you going to work for? [OQ]

A: For money. [R+]

C: For money? [CQ]

A: Yes. [FN]

C: And and what do you want to have money for? [OQ]

A: Yes. For daily necessities and uhh well I don't know. Food. [R+]

C: Yes. To be able to do what you want. [CR]

A: Yes to live. [O+]

C: Yes. Yes, that is now, but if you look at one year from now? [OQ]

A: Well yes to pay my rent. [R+]

In 33 cases the utterances specifically refer to an adolescent's 'desire' (13.8%), in twelve cases to 'ability' (5.0%), and in eight cases to the adolescent's 'need' (3.3%). An utterance of adolescents' 'ability' to get to school on time is, for example: 'I just need to focus to be on time. I can really do that'. Besides different types of utterances for change, 47 utterances refer to adolescents' 'commitment' for change (19.6%). An example of an utterance of adolescents' 'commitment' for going back to school is: 'Yes, that is why soon I will go back to school'. 'Taking steps' (5.0%) is, besides 'need', the least often used type of 'change talk'. The following statement of an adolescent illustrates 'tak-

ing steps': 'Yes I see that I just have made leaps forward. And that I think about things better than I did before'. 'Other' types of 'change talk' (28.8%) include hypotheticals ('Yes. I can just talk with him if needed. If there is something I can also talk to him.') and problem recognition statements of the adolescents ('Well, not all fine of course, there are some things now and then').

**Sustain talk.** In total, adolescents used 'sustain talk' 241 times during the conversations. 'Reasons' against change are often (56.8%) used as a type of 'sustain talk' by the adolescents (e.g., 'No but, if you, yes, if you have had some booze and you went into town with a couple of friends. Then you have a fight once in a while'). In 17 cases the utterances specifically refer to a 'desire' of the adolescent (7.1%) and in four cases to the 'ability' to change (1.7%). No adolescent mentioned a 'need' against change. Five utterances refer to the adolescents' 'commitment' against change (2.1%). 'Taking steps' (1.2%) is the least often used type of 'sustain talk'. The following fragment illustrates negative 'commitment' by the adolescent:

C: No, so it is not like you immediately go looking for a fight. Seek out a fight. That is not it. [SR]

A: No. There has to be a reason to do so. [R-]

C: Exactly. You do not avoid it. [CR]

A: No. [C-]

An example of negative 'taking steps' with regard to getting into fights mentioned by the same adolescent is: 'Well, then [i.e. very recently] I also stepped up to it. Had a little quarrel'.

'Other' types of 'sustain talk' (31.1%) include hypotheticals ('..if I ever want to give

my phone number then I will do that, but it is not that I want to make a treatment goal of that..'), problem denial or oppositional statements ('Yes, but I am opposed to it..') by the adolescent.

### Interactions between care workers and adolescents

**Adolescent responses.** Table 3 shows the responses of adolescents to MI adherent and MI non-adherent behaviour of care workers. When a care worker, for example, 'confronts' the adolescent, a possible reaction of the adolescent can be 'change talk'. Therefore the response of the adolescent is sequential to the specific behaviour of the care worker.

Table 3 indicates that MI adherent or non-adherent behaviours of care workers are not consistently followed by 'change talk' or 'sustain talk' by the adolescent. Especially MI non-adherent behaviour is of-

ten followed by 'neutral' behaviour of the adolescent. This is illustrated by the two following fragments.

In the first fragment the care worker asked the adolescent beforehand what his future would look like if he is still using drugs. The adolescent answers that he wants to be a "controlled" blower: someone who only uses drugs on days when he does not work. The care worker does not believe that the adolescent is able to do that, and confronts the adolescent with that.

C: I don't believe that. [Confront]

A: (Laughs). No, I knew it. [FN]

C: Yes, now, I'm absolutely not going with that. I also don't believe in that. You are not going to make me believe..(....).. that you smoke dope on a Friday and Saturday night and on a Sunday, Monday, Tuesday, Wednesday, Thursday you don't. Because every user has his weakness. [Confront]

A: Of course. [FN]

**Table 3.** Response of adolescents to care workers' MI adherent and MI non-adherent behaviour

Behaviour care worker	Response adolescent									
	CT		ST		CT and ST		FN		None	
	N	%	N	%	N	%	N	%	N	%
MI adherent	5	14.3	2	5.7	-	-	15	42.9	13	37.1
Affirm	3	21.4	1	7.1	-	-	4	28.6	6	42.9
Seeking Collaboration	-	-	1	10.0	-	-	9	90.0	-	-
Emphasizing Autonomy	2	18.2	-	-	-	-	2	18.2	7	63.6
MI non-adherent	11	7.2	12	7.8	2	1.3	108	70.6	20	13.1
Persuade without Permission	9	7.8	9	7.8	1	0.9	77	67.0	19	16.5
Confront	2	5.3	3	7.9	1	2.6	31	81.6	1	2.6

Note: CT = Change Talk, ST = Sustain Talk, FN = Follow/Neutral/ask a question, None = no reaction.

**Table 4.** Response of care workers to adolescents' change and sustain talk

Behaviour adolescent	Response care worker													
	MI adherent		MI non-adherent		Question		Reflection		GI		Combined behaviour counts		Other	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Change talk	2	1.1	15	8.6	91	52.0	21	12.0	1	0.6	5	2.9	40	22.9
Sustain talk	1	0.5	15	8.2	96	52.8	34	18.7	2	1.1	9	4.9	25	13.7
Change and sustain talk	2	5.1	-	-	19	48.7	8	20.6	-	-	4	10.3	6	15.4

Note: GI = Giving Information.

In the second fragment a care worker tries to 'persuade' the adolescent without permission. The aim of this conversation is that the adolescent talks with her parents about (unpleasant) situations.

A: I don't talk a lot with my parents anyway.  
C: No. Why is that? [OQ]

A: I don't know. Besides I was alone, yes I actually have never done that a lot, talking a lot with my parents. [FN]

C: Ok, but these are very important things to discuss, I think. [Persuade]

A: Yes [FN]

In both fragments, the adolescent responds 'neutrally' by going along with the care worker.

MI adherent behaviours of care workers are also regularly followed by 'neutral' behaviour of the adolescent. In the following fragment the care worker seeks consensus with the adolescent about the television remote control. The adolescent responds with a question instead of telling what she wants.

C: But how do we agree on that? What do you want? [Seek]

A: Well just like uhm, I don't know, can I have it in the evening or only in the rest hour? [FN]

In 33 cases (see right column in Table 3) there is no response of the adolescent to the care worker, because the care worker does not wait for a response of the adolescent (see the example below).

C: No, well look you're 18 so it is what you want. And I think it would be good if we are going to look for a job and that we make clear agreements with school and the compulsory education, so we know what to expect. For the conversation Tuesday, that we speak some time before, but I think that's a good idea. Do you still have time? [Emphasize and CQ]

A: Yes, take your time, the boy can wait. [FN]

**Care worker responses.** Table 4 shows the responses of the care workers to 'change talk' and 'sustain talk' of the adolescents. If an adolescent, for example, uses 'sustain talk', a possible reaction of the care worker can be to ask a question. Therefore the response of the care worker is sequential to

the specific talk (i.e. utterance) of the adolescent.

Table 4 indicates that both 'change and sustain talk' (or a combination of those two) are not consistently followed by MI adherent or MI non-adherent behaviour of the care worker. In five cases the care worker responds with MI adherent behaviour to adolescent 'change talk' or 'sustain talk'. This is illustrated by the following two fragments. In the first fragment the care worker responds to 'sustain talk' with an affirmation.

A: Yes, but I don't notice that I've learned something. [O-]

C: Well I think, that since you came, and I see now and then.. I do think that you've learned something. [AF]

In the second fragment the care worker responds to 'change talk' with an affirmation. The aim of the conversation was to increase the adolescent's motivation for school.

A: Yes, though. Because I want a diploma, so.. [D+]

C: Well it's very positive that, well, you want to get your diploma. [AF]

In 30 cases the care workers respond with MI non-adherent behaviour to adolescents' 'change talk' or 'sustain talk'. The next fragment illustrates 'persuasion without permission' by a care worker as a response to 'change talk' of an adolescent. The aim of the conversation was less fighting by the adolescent.

A: Yes, I don't do that here. I'm not going to fight here, because the care workers are all around. [R+]

C: No, but I think that it is also not wise to fight. You have enough things on your mind. I think there are other things you better could work on. And I think, in this kind of situations, you can setting your boundaries here very well. Or choose for yourself. Not let it affect you. [Persuade]

The second fragment, from the same conversation as above, shows an example of a 'confrontation' of the care worker as a response to 'sustain talk'. The adolescent first gives a reason for fighting.

A: Then I have something to do. [R-]

C: I think you have plenty to do. And by the way... [Confront]

Both 'change talk' and 'sustain talk' (and combinations of these) are mostly followed by a question from the care worker. In 18 cases the care worker shows combined behaviours as a response to 'change/sustain talk'. In most cases (12) the care worker responds with a 'reflection' and a 'question' (e.g., 'I can see that you're getting a bit sad. How come?'). Other combinations used by care workers are MI non-adherent behaviour and a 'question' (three times), MI non-adherent behaviour and a 'reflection' (two times), and MI adherent behaviour and a 'question' (one time). In 71 cases the care worker gives an 'other' response, such as utterances that are not finished or that have a structuring function (e.g., statements that indicate what is going to happen during the conversation).

## Discussion

The aim of this study was to analyse 27 one-on-one conversations between residential youth care workers and adolescents from a MI perspective. As expected, the results show that the care workers often use MI non-adherent behaviours in terms of 'persuasion without permission' and 'confrontation' of the adolescent. A third uses only these MI non-adherent behaviours and almost half of the care workers use a mixture of MI non-adherent and adherent behaviours. In other words, most care workers try to change adolescents' attitudes or behaviours by advising the adolescent without asking what is best for him/her, by telling the adolescent how s/he should behave, or by confronting the adolescent with his/her behaviours. This is consistent with other findings that residential care workers often try to change adolescents' attitude or behaviour by applying an external regulatory approach of control and thereby try to promote desirable behaviour (e.g., Bastiaansen et al., 2012; Englebrecht et al., 2008). Research suggests, however, that such a confrontational or controlling approach is ineffective or even counterproductive in changing client behaviours (Apodaca & Longabaugh, 2009; Lipsey, 2009).

The residential care workers rarely use MI adherent behaviours, including 'affirming', 'seeking collaboration with' and 'emphasizing autonomy' of the adolescent. Moreover, they use 'reflections' three times less often than 'questions'. That is below the MI competence and proficiency threshold of the 1:1 reflection-to-question ratio during conversations (Moyers et al., 2015). The poor use of 'emphasizing autonomy' of and 'seeking collaboration' with the adolescent suggests that care workers are

dominant or have an expert role in their relationship with adolescents. This dominance is inconsistent with the basic principles of MI (Miller & Rollnick, 2013) and does not fit with the need for autonomy by adolescents (Feldstein & Ginsburg, 2006; Naar-King & Suarez, 2011). A possible negative consequence of this care worker dominance is that adolescents experience a lack of participation during care (see also Ten Brummelaar et al., 2014; Van Nijnatten & Stevens, 2012).

Despite the fact that workers often use MI non-adherent behaviours, adolescents equally use 'change talk' and 'sustain talk' during the conversations. Instead of mainly using 'sustain talk', which we expected, adolescents mostly use 'neutral' responses to care workers during the conversations. One possible explanation for this finding is that the care workers did not focus on changing target behaviours of adolescents in-depth. Hence, the conversations remain mostly superficial which indicates the 'neutral' responses of the adolescents. Another possible explanation for the relatively high amount of 'neutral' responses is that adolescents go along with care workers to please them. In other words, adolescents' 'neutral' responses might function as attempts to satisfy external demands of the care worker (cf. Abrams, 2006; Harder, 2013; Ryan & Deci, 2000). This high frequency of 'neutral' responses by adolescents suggests that care workers can improve the one-on-one conversations with adolescents by a higher goal-orientedness and a more in-depth focus on behaviour change.

'Change talk' that is used by the adolescents most frequently refers to 'reasons for change'. 'Needs for change' and 'taking steps' are the least often used types of 'change talk' by the adolescents. However,

'taking steps' talk can be considered one of the strongest types of 'change talk', because it refers to statements of the adolescent that s/he made a recent behavioural change (Houck et al., 2013). Recent research suggests that 'strong' 'change talk' with a higher intensity of inclination towards change is a better predictor of positive outcomes than 'weak' 'change talk' with a lower intensity of inclination towards change (Gaume et al., 2016). Our findings indicate that adolescents rarely use 'strong' 'change talk' during conversations with care workers. Research is recommended to identify the conditions in which adolescents show more or less (strong) change language.

The expected links between MI adherent behaviour of care workers and 'change talk' of adolescents and between MI non-adherent behaviour and 'sustain talk' (Gaume et al., 2010; Moyers & Martin, 2006) do not appear in our study. MI adherent and non-adherent behaviours of care workers are not consistently followed by 'change talk' and 'sustain talk', but mostly by 'neutral' responses of adolescents. 'Change talk' and 'sustain talk' by the adolescent are neither consistently followed by MI adherent and MI non-adherent behaviours, but mostly by 'questions' of care workers. Our findings might be explained by the fact that care workers in our study were not trained in MI. Care workers' main response consists of asking questions to the adolescents. Future research should focus more on the type and quality of questions that residential care workers ask to adolescents during conversations.

## Limitations

A first limitation is that a relatively small sample of care workers and adolescents participated in the present study. We only included care workers and adolescents who agreed to participate in the present study. The care workers and adolescents who refused to or could not participate might differ from the participating group. For example, adolescents who did not participate in the present study might be more problematic than adolescents who did participate. In addition, care workers who did not participate might have poorer interaction skills than care workers who did participate. Therefore, the results may not generalize to care workers/adolescents beyond the sample in the present study.

Secondly, care workers were instructed to record a usually occurring one-on-one conversation, enabling us to draw a clear picture of the common approach during conversations in practice. The content of the conversations did not reflect a MI approach. Consequently, a part of the care workers' behaviours could not be coded by the MITI encoding scheme that we used to interpret care worker behaviours. In addition, the conversations often had multiple objectives, which sometimes made it difficult to determine the specific behaviour change objectives of the conversation and to assess adolescent 'change talk' and 'sustain talk' with the MISC.

## Implications

Despite several limitations, a major strength of the present study is that this is, to the best of our knowledge, the first study that analysed observations of one-on-one



conversations between care workers and adolescents in residential care practice from a MI perspective. Our findings show that care workers mainly apply MI non-adherent behaviours during conversations with adolescents when trying to change adolescents' attitudes or behaviours. Since MI non-adherent behaviours are ineffective in changing client behaviours (Apodaca & Longabaugh, 2009), an implication for practice is to provide MI training to residential care workers.

Our findings also showed that a part of the care workers' behaviours were not coded in terms of MI-conform behaviours. In addition, adolescents' utterances often lacked a reference to changing the target behaviour, also a key point in the MI approach. To make fuller use of the data we will consider to perform additional analyses using an inductive methodology. This could

be done, for example, by Conversation Analysis (CA; Hall, Juhila, Matarese, & Van Nijnatten, 2014). CA is a method to investigate the communication between partners in verbal dialogues. Applying this methodology can be useful to gain a further insight into the communicative interactions between workers and adolescents in care and treatment settings (see, for instance, Jager et al., 2016).

Although building good alliances with adolescents in residential youth care settings is a complex process, by applying MI care workers have a methodology enabling them to build or work on therapeutic alliances that better fit with the needs of adolescents. Therefore, another implication for further research is to study the implementation and effectiveness of MI training for care workers in residential youth care practice.

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# Managing arguments in social work encounters

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## Abstract

Meetings between social workers and clients in child protection are highly sensitive and frequently contested. Much is at stake in terms of protecting identities and ultimately possibly child removal. It is not surprising then that disagreements occur and strong positions are defended in encounters between social workers and clients. In this paper, the authors use a combination of a case study approach and micro sequential analysis. The case study approach captures how arguments are produced and managed across successive social work encounters over a longer period of time. Additionally, the sequential analysis of one encounter demonstrates the relevance of discourse and conversation analytic concepts such as categorization, entitlement and accountability for a more detailed understanding of how argument and disagreement manifest themselves interactionally. The interactional sequence involves a family supervisor and a mother in the Netherlands. The paper examines key features of an argument in the context of child protection and engages with the interactional consequences for both worker and client. By providing insight into how arguments unfold over successive social work encounters, the paper contributes to an understanding of how stalemate positions come about and are resolved (or not). Adding to the picture, a detailed understanding of the real-time management of disagreement in interaction is useful in fostering social work practitioners' awareness of how argumentative "logics" may be taking over.

**Keywords:** child protection, discourse analysis, case study, argumentation, resolving conflict



## Introduction: work with involuntary clients

Social work has for the most part been associated with helping people who are willing to be helped, with traditions of providing charity, advocating for citizens' rights or offering a therapeutic service. In child welfare, there is often a coercive and intrusive character which might be seen as at odds with the profession's traditions of helping, advocacy and self-determination. Rooney (1992, p. 13) notes that whilst much social work education aims at developing insights with motivated clients, in practice clients are "often more interested in escaping the clutches of my agency and the law". Similarly, Ferguson (2011, p. 164) notes "values of empowerment and partnership working are inevitably compromised by the constraints placed on service users and practitioners by the statutory role". Where governments are reluctant to use the law to enter the home, social work has stepped in, "aggressive yet non-coercive, persistent yet friendly" (Margolin 1997, p. 89). Margolin (1997, p. 86) discusses a concept of 'aggressive social work' described by Overton in 1952:

In the past "if the family was not willing to be served, the case was closed". Now, social workers "must go often enough, stay long enough, go despite rebuffs, discourtesy, frank hostility and nonchalant denial of need or wish to use the service".

Child welfare work often involves parents and carers, who do not choose to be clients, either because they have been mandated by courts to be subjected to social work contact and surveillance or because social workers

are charged with investigating signs of concern identified by other professionals or the general public. Consequently, as MacKinnon (1998) notes, most child protection investigations are adversarial. Social work interventions are often with clients who do not accept either the assessment of the problem or the justification for the intervention, or both, but the system aims to establish agreement, and cooperation (see also Verhallen, 2015).

Research projects in the UK, USA, Canada, Ireland and Australia have documented the experiences of parents, carers and young people to unwanted social work interventions, which Buckley, Carr and Whelan (2011, p. 102) summarizes as "difficult, intimidating and often humiliating". Kemp et al. (2009, p. 106) report: "emotions ranging from guilt, fear and related passivity to anger and outrage". Turnell (1998) considers that "paternalism remains the dominant paradigm" and Douglas and Walsh (2009) report a "child rescue approach" at the expense of collaboration with parents. Parents find child protection systems mystifying (Kemp et al., 2009), with little opportunity to challenge the workers (Dumbrill, 2006; Verhallen, 2015), insufficient information (Douglas & Walsh 2009) and the formality of social workers hard to understand (Corby et al., 1996; Verhallen, 2013). Buckley et al. (2011, p. 101) describe parents' experiencing a child protection plan as "a coercive requirement to comply with tasks set by the workers rather than a conjoint effort to enhance their children's welfare". Despite recent policy initiatives to develop partnership approaches, Buckley et al. (2011, p. 106) found that differences in perception between workers and families



were such that “the term ‘need’ cannot be assumed to have a universal connotation”.

The response of the parents/carers is generally reported as ‘reluctant compliance’ whereas the social workers require explicit cooperation (Corby et al. 1996, p. 483). Corby et al. (1996) found parents presented themselves at case conferences as cooperative, avoided conflict with professionals, and felt unable to challenge professional assessments. Whilst some parents acknowledged their behaviour needed to change, “their compliance with expected tasks was often given grudgingly” (Buckley et al. 2011, p. 105). Only a small proportion sought to refute an allegation (Buckley et al. 2011). Dumbrell (2006) also found few parents who challenged the workers’ formulations, as they felt they were unlikely to be successful. Most “played the game by feigning cooperation to placate workers” (Dumbrell, 2006, p. 33).

Other forms of resistance have been reported in social worker-client interaction: misalignment with the social workers’ aims, for example, forgetting (Muntigl & Choi, 2010); passive resistance, for example lack of acknowledgment in interaction (Juhila et al., 2014); resisting the expectations of the intervention, for example “refusing confessional practices” (Trethewey, 1997).

In summary, research evidence suggests that social worker-client encounters in contexts like child welfare are characterized as adversarial, with difficult and strained encounters compromising the development of relational practice. Consumer studies suggest that parents/carers most often respond with various forms of reluctant compliance or passive resistance, assuming that direct challenge or confrontation will make matters worse. At the same time, social workers look to cooperation as a sign of successful

engagement. Whilst these studies display similar findings, most rely on interview or focus groups methods. Few studies examine client participation in detail by examining the character and unfolding sequence of the social worker-client meetings in child protection (exceptions include Hall & Slem-brouck, 2001; Van Nijnatten, 2006), so that it is not clear how compliance and conflict develop over the length of the social work intervention and how they are managed in actual encounters. This paper will address this gap by offering a combination of ethnographic case study and analysis of interactional detail, in order to provide a greater understanding of the complexities in these meetings akin to Geertz’s (1973) notion of thick description. We will examine the case of a mother and her 13-year son who was placed in care, providing a narrative of the unfolding events over a two-year period as told by the mother, observation of meetings, and a detailed study of one meeting with the social worker. First we describe the research methods.

## Methods

In this paper, two ways of capturing social reality, case study and turn-by-turn analysis, are combined to develop a more comprehensive take on social-interactional processes and their outcomes, examining the dimensions of categorization, entitlement and accountability.

Whilst the sequential analysis of small fragments of interaction is normally justified on the basis that a disagreement is acted out in relation to what is currently ‘on the table’, we suggest that it is possible, indeed likely, that disagreement and

conflict on critical issues may have lingered in the background, surfaced earlier or been disputed on previous occasions. Indeed the history of previous disagreement(s) is often tropicalized in a meeting by being revisited and formulated anew in the current context. Consequently, our turn-by-turn analysis draws on the case study to develop a more sophisticated understanding of the interdependent dynamics of both larger and smaller time sequences of social activity within the context of a particular disagreement: not only, how is the disagreement introduced in the meeting and managed in interactional real-time, but also how do the interactional dynamics relate to longer standing positions of conflict in the case? Such an approach accords with the more longitudinal perspectives promoted by ethnographic enquiry while, as Van Nijnatten and Suoninen (2014) report, orienting analytic effort to connections that might else remain invisible to the researcher or disappear from sight.

### Case study approach

A case study comprises a detailed investigation of the phenomenon under study and provides an analysis of the context and processes involved (cf. Meyer, 2001). We use it to capture and understand the ins and outs (the *emic*) of the complex processes in which social work and child protection services are delivered to a family with multiple needs. The strengths of a case study lie in “descriptions that are complex, holistic”; these involve “a myriad of not highly isolated variables; data that are likely to be gathered at least partly by personalistic observation; and a writing style that is informal, perhaps narrative, possibly with verbatim

quotation, illustration, and even allusion and metaphor” (Stake 1978, p. 7). Such an approach is suitable for capturing experience and gathering tacit knowledge so as to make naturalistic claims of how social work encounters occur in practice.

Albeit generalizations cannot be drawn from a case study (see Boeije et al., 2009). Through an insight into a single-mother family from both an emic and an etic perspective (as we as social scientists remain outsiders), we may be able to better understand how (single-mother) families who are subjected to child protection interventions may perceive and experience these processes within the broader context of Dutch society.<sup>1</sup> A case study primarily aims at internal validity by allowing the research participants and interactional “data speak for themselves” (Gould, 1981). This allows concepts, patterns, and processes to emerge.

In line with the purposive sampling method (see also Palys, 2008) the researcher [Tessa Verhallen] adopted the strategy of recruiting thirty single-mother families, including Jeanette’s family (a fictitious name of a Dutch mother)<sup>2</sup>, independently of the institutional networks of child protection. Jeanette agreed to participate. Certain selection criteria were leading: (1) single-mother families, (2) facing multiple problems, (3) of either Dutch or Curaçaoan origin (see Verhallen, 2015). Verhallen explained the procedure, e.g. issues of privacy, confidentiality and power and knowledge asymmetries (see Verhallen, 2016). Verhallen conducted a longitudinal case study from 2010 to 2012 in Jeanette’s family and she met the family on fifteen occasions.

A holistic research design was chosen to capture how family support and child protection measures were carried out in Jeanette’s family, as well as the family’s

first-hand experiences of this. The triangular approach used to gather data relied on a combination of participant observation of the family's situation, informal interviews and documentation. The following steps in the data collection process were taken. At first, the researcher relied on the informal interview with Jeanette, the narratives of her life history and participant observation of the family (atmosphere, relationship, interaction). Verhallen collected data by making field notes of the observations. The interviews and narratives were either audio-recorded (with Jeanette's consent) and/or the content was written down in a notebook. Furthermore, Jeanette's partner Ray and her son John were interviewed a few times and her network was also consulted (e.g. parents, friends, social workers).

Since Jeanette's family was subjected to child protection orders Verhallen accessed more private data on the child protection interventions, complementing notes with copies of various documents (the case file contains over a hundred documents including official documents from social services, the child protection agency, psycho-diagnostic tests, assessments and judicial decisions; added were diaries, bank statements, newspapers, letters and other test results to complete the picture and cross-check data).

Whenever Verhallen was at Jeanette's home and a social worker, a family supervisor or another state representative visited the family she observed the social work encounters between Jeanette and the state representatives. In addition, she endeavoured to be present during the next encounter in order to capture the (dis)continuity between the meetings so as to assess if what was said/decided or agreed upon in the previous meeting corresponded with the present state of affairs. This meant

that she conducted her fieldwork where the meeting took place to learn more about the different sites where state interventions are put into practice. Besides visiting the home, Verhallen went with Jeanette to office meetings with social workers, the juvenile court and consultations with her lawyer.

Whenever possible, such as in the encounter shown below, an audio-recording device was used to capture the social work encounter to obvious methodological and analytical advantage. Analytically, the conversation could be re-listened to as often as needed to assess which concepts were essential for an analysis of the discourse practices and the process of child protection interventions.

Since a case study approach is ideal for exploring new processes or behaviours that are little understood (Hartley, 1994), and helpful for responding to *how* and *why* questions about a contemporary set of events (Leonard-Barton, 1990), it is particularly useful to contextualize the underexplored question of how disagreements and conflicts in child protection encounters must be understood. A case study must also be open to the use of theory or conceptual categories that direct the research and analysis of data (Meyer, 2001; Burawoy, 1998). Hence, a combined case study-discourse analytical design enables us to scrutinize stalemate positions in social work encounters both holistically and through fine-grained analysis which is theoretically informed (Rampton, 1999).

### Analytic concepts for turn-by-turn analysis

The turn-by-turn analysis of the encounter is informed by conversation analysis

(e.g., Heritage & Clayman, 2010; Schegloff, 2007), while drawing on a number of theoretical concepts that are relevant to understanding this type of interaction – notably categorization, argument and disagreement, accountability and entitlement. These we define and outline in more detail below, along with the need to attend to relevant time cycles in the context of micro-interactional sequence already referred to above.

Mäkitalo (2014, p. 27-28) observes how research into categorization practices highlights important elements of social work practice, especially its role in case construction, “the process through which a person is transformed into a client of a particular kind”. While the deployment of a category in interaction allows the speakers to take certain things for granted, categorization is equally about rendering some aspect of social reality particularly relevant (Mäkitalo, 2014). For Mäkitalo, categorization is concerned both with knowledge and resultant action in an institutional or professional framework.

In terms of institutional practice, an important reason for concentrating on disagreements over candidate categorizations of person, event or situation is that disagreements are often not resolved but end in stalemate positions (Leung, 2002). How did we get to the point of stalemate, and what happened next? In answering these questions, we suggest that we concentrate on how categories are being raised, hinted at, negotiated, challenged, undermined or dismissed. Candidate categories which are worked up in interaction thus function as ‘bids’ and this will typically be followed by responses signaling (dis)agreement, qualification, etc. Categorization practice counts as successfully accomplished when it is dis-

played by an interactant and acknowledged by co-interactants. It is unsuccessful when developed into endless conflicting particularization, as indeed will be illustrated in our data.

In our turn-per-turn analysis of excerpts from the office encounter, we examine the interactional resources which speakers deploy to establish and recognize displays of meanings, with specific reference to, in this case, how disagreements over the application of a category are made manifest. A key feature of an argument, as a type of sequence, is the occurrence of an opposition which minimally involves an arguable turn and an oppositional turn (Jenks et al., 2012). In her detailed literature review, Scott (2002) observes that disagreement research has tended to concentrate on the role of specific moves or speech acts within short one-on-one exchanges, with much less attention being paid to the relevance of longer sequences which can be identified in terms of emerging and evolving disagreements. Also questions of timing need to be considered (see Hall and Slembrouck, 2014) for a similar point with regard to advice-giving). Scott (2002) notes that the foregrounding of disagreements occurs along a continuum of increasing explicitness and escalating hostility. This may range from “a collegial stance” over “personal challenges” to “personal attacks”. Similarly, Jacobs et al. (1991) highlight how the chaining out of arguments and counterarguments involves the display of “morally tinged elaborations”, often addressing the moral implications of previous arguments. Sequential analysis of disagreement sequences also invites attention to the deployment of specific interactional strategies in the conduct of an argumentation (e.g. denials, complaints, rejections, evaluations, etc.).

Knowing how to position oneself and categorizing a case in institutionally relevant ways is important to become recognized as a legitimate knower (Hitzler, 2011). Categorization practice thus needs to be viewed in the context of professional accountability (Hall et al., 2006; White et al., 2009), with the latter defined as the routinely accomplished, demonstrable capacity to account for the deployment of or appeal to a particular category, in response to an interactional or institutional demand. According to Garfinkel (1967), ordinary institutional activity is routinely imbued with the condition of accountability: the possibility that one may have to account for one's actions informs the ways actions are performed; hence, actions routinely anticipate the possibility that one may be held accountable.

If the professional's position as an expert knower is central to understanding interactional behaviour in institutional contexts, then its major contestant is the client who is uniquely equipped with first-hand experience of the circumstances to which particular categories pertain. An important field of tension must be noted between various "possessors" of relevant knowledge. While experts are routinely equipped with expert vision and models for diagnosis, clients will be uniquely equipped with local knowledge about person, case and circumstance. As such, the presentation of the 'truth' is subject to struggles over who is able to claim s/he is in a position to hold certain knowledge (Heritage & Raymond, 2005) as well as how people are able to present their accounts as a valid representation of reality (Potter, 1996). How do professionals pursue emerging professional categories, in the face of a client who outrightly challenges the category that is being posited? Epistemic

asymmetry has particularly featured in the literature on advice rejection, in the words of Park (2012, p. 2005): "overt rejection of advice by claiming independent knowledge or giving accounts of their life circumstances that the advice does not fit". According to Shuman (2005) entitlement disputes come with a shift of focus to the responsibilities of the speaker: the accuracy of the evidence becomes less important than the propriety of who is reporting to whom. Entitlement is then both about ownership of experiences and the prerogative to narrate them.

Finally, there is the important question: does the disagreement get resolved? And, if so, what settles the opposition between position and counter-position? Often, there is no resolution to the disagreement, but there is some sort of silencing and uncomfortable acceptance of difference (Leung, 2002). Is such a stalemate acknowledged during the interaction, on or off the record? Quite apart from noting the importance of interactional stalemate, what does a disagreement mean in the longer-term perspective of an intervention or series of contacts between client and professional? Wortham (2005), in particular, stresses the role of time scales in the realization of significant outcomes of social processes. Relevant to our discussion here is how analytical attention to the height of noted disagreement relates to the actual outcomes of interventions over a longer time period. While disagreements may result in interactional stalemate, they do not necessarily feed directly into subsequent decision-making. From the point of view of professional practice, there may be a particular self-deception in the need to pursue disagreements in a particular way.

## Results: the case study

Jeanette is a 42-year divorced mother of John who is 13 years old. John is placed in care with foster parents in 2011, but said “I want to live with my mother” (interview with John in 2012, and stated in a signed letter sent to the juvenile judge in 2012). According to Jeanette her relationship with her new partner Ray is good and therefore she thinks that John should come home (interviews with Jeanette and Ray in 2012). Jeanette’s opinion is that the case seems to have become more and more complex over time due to their changed family circumstances, her resolved conflict with her ex-partner, institutional changes (there are new family supervisors and social workers involved in the case), lengthy bureaucratic processes and procedures, and institutional mistakes being made in the past which still have an (adverse) effect on the here and now (several interviews with Jeanette in 2012).

In 2010, contact with the current family supervisor Anna (who is circa 20 years old)<sup>3</sup> was according to Jeanette better than it is now in 2012. Their relationship changed as a result of Anna’s decision to relocate John from institutional care to a foster parent family “with urgency” (interviews with Jeanette in 2010, 2012). Jeanette is still devastated about this and disagrees with the action. Also in the encounter between Jeanette and Anna that is the focus of the turn-by-turn analysis below the urgency of John’s relocation is discussed. Later in this encounter it will seem that the underlying motive to relocate John lies in the fact that Ray would have been verbally aggressive to a social worker involved in the family by stating that she lied.

Now Jeanette believes that John’s placement is the beginning of an abrogation of

custody and fears that John will be permanently placed in foster care. Jeanette is currently desperate about her and John’s situation and feels depressed but she does not give up and strives for John’s return home, while coping with the situation as best as she can (several interviews with Jeanette in 2012).

Around the time of the meeting the researcher interviewed Jeanette informally more than ten times, Ray a few times and John twice. In the course of studying Jeanette’s family, the researcher was able to observe and witness a few home visits of the family supervisors in 2011 and 2012. It was striking that Jeanette became more suspicious of the social workers over time; by meeting the social workers at their offices she could “maintain her privacy” and “gain control” (interview with Jeanette in 2012).

The child protection case was initiated voluntarily. In 2008, Jeanette asked for help because, in her view, John had developed suicidal tendencies. Since Jeanette was very worried about John’s wellbeing, he was placed in a psychiatric unit for young children with problems. Here, John got treatment and was examined further by psychologists. In addition to having developed “suicidal ideas”, he appeared to have “a personality disorder” (official referral documents in 2010 and 2011). During John’s placement in a psychiatric unit, the relationship between Jeanette and her ex-husband Peter deteriorated. According to Jeanette this was largely related to John’s difficult situation, Jeanette’s new home situation (a new partner and his children had moved in), and the question whether John would return to either his father or mother after the period in institutional care. Jeanette wanted him to return to her (new) family, but her ex-partner, Peter, didn’t want John



to live together with other children and a new partner, and wanted John to move in with him instead.

Since the conflict between Jeanette and Peter did not seem to get resolved, Jeanette initiated assistance from a youth care agency in order to serve best the interests of John and to mediate between herself and Peter. She convinced Peter that it would be better if the family would get assistance from a youth care agency. Hence, on Jeanette's behalf, a family supervisor was appointed by the juvenile court to implement a supervision order. Jeanette voluntarily asked for a (compulsory) supervision order from the state to help John and his family because she and Peter were unable to handle the difficult situation that has arisen. The coerciveness of the supervision order became noticeable when in a report in 2010, which was intended for the Child Protection Board to assess Jeanette's family situation and to inform the juvenile judge concerning any further action (e.g. prolonging the supervision order), it was stated that "John's suicidal tendencies developed during his placement in a psychiatric unit as a result of the tensions between his parents" (official referral document in 2010). On the basis of the "indication" in the referral document, the juvenile judge decided to extend the supervision order. Hence, John was not allowed to return to Jeanette, and, it was furthermore decided to place John in foster care.

Jeanette disputes this version of the truth. According to her, John developed suicidal tendencies long before his placement in a psychiatric unit due to among other things bullying at school. In Jeanette's view, she is a good mother because she asked for help in time by initiating institutional care. She acknowledges that during John's place-

ment tensions between her and Peter developed (but not John's suicidal tendencies). This is why she wanted to get help from the youth care agency. Jeanette is of the opinion that if the situation had been described differently at the time by the family supervisor in the referral document (not Anna), John would have never been placed in foster care.

In the view of Peter, Jeanette and John, it was due to the attitude of the family supervisor towards the family that the situation got worse. In their view, the family supervisor often wrongly depicted the situation or what was said in reports. When the family asked to correct "these errors" their remarks were mostly ignored: they were sometimes added as an opinion but the official text remained the same. In the view of the family, 'seeking the truth' was very important for a fair and honest process but according to the family supervisor, and social services in general, "they are not seeking for the truth" (email correspondence in 2011, see also the Netherlands Child Ombudsman, 2013). Hence, the state of affairs was often disputed both in email correspondence and during encounters, and issues of injustice, guilt and blame functioned as accelerators in the child protection process.

In the meantime, Peter and Jeanette resolved their conflict and they began to work together against the agency – although Jeanette is more negative about the agency than Peter is. She felt that the agency saw more possibilities in John returning to live with Peter than with her. Some support of her point of view can be seen in official reports observed in 2011 and 2012 where she is depicted as "uncooperative", "verbally aggressive", "manipulative", "hostile" and "threatening" (citations in official documents in 2011 and 2012). These reports



were produced by the family supervisor on the basis of the first contact or based upon the reports produced by representatives of the psychiatric unit where John resided.

In addition to the ethnographic case, we now turn to the analysis of the interactional sequence. It has been taken from a two-hour conversation between Jeanette and Anna in August 2011, a key stage of the case, when the dispute over the causes of John's 'suicidal tendencies' emerged as a focus of the disagreement.

### Turn-by-turn analysis of the encounter

We chose to use the sequence below because it most clearly demonstrates the interactional dynamics between Jeanette and Anna, and moreover explicitly reveals how arguments are produced and managed through categorization. The occasion is an office meeting at the youth care agency. The first author was present as a participant observer and took notes which complement the audio-recording. The excerpt has been translated from Dutch into English.

Additional information is added between brackets (on the basis of field note indications of verbal delivery, tone, gaze and bodily conduct). Earlier in the conversation, Jeanette and Anna talk about the Christian god. Jeanette confronts Anna with citations from the Bible and insinuates that Anna is lying when she states that Anna does not tell the truth in the reports. This underlines our earlier point that disagreements often result in morally tinged observations. In this respect, Jeanette wants to pursue this topic but Anna wants to move on and discuss other things. She moves to close down the topic.

### Seeking a workable agreement

The first nine turns see the social worker attempting to establish an agreement to manage the current impasse. At this stage it appears that Jeanette is unhappy about the report but the nature of her challenge has not been clarified. Anna seeks Jeanette's agreement that two parties can have different points of view, i.e. different categorizations, and she suggests a way forward: you say what's wrong, I write it down, and then decide whether it is right or wrong (turn 1). Note that the social worker will only 'think about' the mother's version, indicating which version is likely to be reported.

Jeanette does not immediately accept this proposal, as it may merely mean that the social worker will continue to misinterpret her point of view: 'twisting words' and 'pulling them out of context' (turn 2). Such personal attacks (Scott, 2002) display the morally-tinged character of the argument sequence and Jeanette resists such a concessionary move. She seeks Anna's acknowledgement that this is the social worker's practice: 'you know that's the case' (turn 2). The social worker provides no such acknowledgement and persists with her proposal, and requests that Jeanette states her point of view. Jeanette remains reluctant to proceed as suggested. Two moves signal insistence (turns 4 and 6). At turn 7 Anna on her part insists, with an equally strong counter move. The turn can be read as seeking agreement with the proposed way forward but also as a possible threat to the client that her lack of agreement is not an appropriate way to act: 'is this the plan?' In this section the client is being depicted as not merely argumentative but as obstructing possible resolutions. This section can be seen as an attempt by the social

**After 33 minutes in the conversation:**

- Anna: [...] but that does not detract from the fact that someone else might see it differently. That that is not the case and that's why I want to invite you to tell me what's wrong according to you then I will write it down and then I can even think about it is right or is it wrong but it is possible isn't it possible that two people have different views
- Jeanette: Uhm yes absolutely this is possible. But you are twisting words you pull them out of their context and you know that's the case
- Anna: Er well go ahead and say
- Jeanette: Ok
- Anna: Yes?
- Jeanette: Er...
- Anna: [interrupts] Is that what we are going to do? Is this the plan? [threatening: intonation rises]
- Jeanette: Uhm, there are a few things left that I want to discuss, Uhm
- Anna: [interrupts] Shall we then choose what we are going to do now? [threatening: intonation rises] Otherwise I have later, at 3.30, the feeling that....
- Jeanette: Yes, that....
- Anna: What do you want?
- Jeanette: I am just looking at it [turns a page of a report] [3 seconds pause]. Eh, this is funny.... So now it suddenly says that he had suicidal tendencies in 2009. [5 seconds pause] And every time you've said that he only had these during [name of psychiatric unit in 2010]. So you have now corrected yourself?
- Anna: [Surprised: intonation rises at the end of the question] On which page is it?
- Jeanette: Page 1, at the bottom, no, page 2, at the bottom.
- Anna: [Looks it up, and reads it out softly][inaudible]: diagnosis...
- Jeanette: So it said: 'crisis, that he might jump out of the flat'. That is suicide, isn't it?
- Anna: It does not say that, but this is, this is... [Confused: stumbling words and looks astonished] [3 seconds pause] how it happened, right? A crisis arose because John made such remarks, and that you then called the emergency service.
- Jeanette: But it was in your opinion JUST A remark?
- Anna: It, it does not say that. It only says that this actually happened.
- Jeanette: Is this a suicidal tendency or not?
- Anna: I dare not comment on this.
- Jeanette: Ok, I [personally] do want to comment on this. John had very serious suicidal tendencies.
- Anna: Hmm
- Jeanette: And that's why, this is one of the things about which we have always asked for the truth. Because this is actually, has actually nothing to do with an opinion.
- Anna: [while writing]: Moment, wait a moment, suicidal tendencies and before that you wanted...?
- Jeanette: [interrupts] BEFORE THAT, I had already contacted [name psychiatric unit] because I was seeing some signs. Already before this crisis arose.

- Anna: And what do you want then, about this, to be included here [in the report]?
- Jeanette: Well, until now you have always said it wrongly. Because it has always been said that when he was in [name psychiatric unit], that he developed suicidal tendencies at that time. And that this had to do with the tensions between [his] father and mother. And based upon this, every time you succeed in putting him in care.
- Anna: But this report does not say here whether it was a suicidal tendency or not? [one second pause]
- Jeanette: Then, it is about time that you put it into it. You can also ask his father.
- Anna: But my question [is], what is the problem? Is it that it does not say after the sentence: it was in fact a suicidal tendency?
- Jeanette: [interrupts] The problem is that you all say that he became suicidal BECAUSE OF the tensions [between father and mother] while he was residing in [name psychiatric unit].

worker to establish an alignment (Goffman 1981): to establish a structure for the rest of the interaction, with strong direction and explicit instructions, 'well go ahead and say' (turn 3). This is further emphasized at turn 9 where the social worker uses her next engagement both to imply criticism of the time taken up by Jeanette's obstruction and the need to move forward. There is further insistence at turn 11: 'what do you want?' We see the social worker attempting to open up the scope of the disagreement, but she is facing strong reluctance from the client.

### **Making a claim about a category and its specific features**

In turn 12, Jeanette points to a particular part of the social worker's report describing an incident in 2009, which she claims indicates suicidal tendencies in John. Such an assessment is at odds with the social worker's recurrent formulations that the suicidal tendencies had started in 2010. Jeanette ironically contends that this indicates the

social worker has changed her mind: 'you have corrected yourself' (turn 12). She further emphasizes that 'jumping out of the flat' can be equated with 'suicidal tendencies'. The tag question, 'isn't it', functions to establish affiliation with an obvious entailment (turn 16).

Over the next few turns the social worker and client inspect the text for evidence and its interpretation. First, is the comment merely a remark with no pragmatic weight? Second, does it lead to a reformulation of John's mental health? In turns 17, 19 and 21 the social worker challenges any such claim by stating that the information cannot be taken for more than what it says on the page ('it only says that this happened', turn 19). In the report there is no interpretation of its significance, and in fact she is clear that she cannot make such an assessment (turn 21). At stake here is the categorization of John as suicidal inclined, and whether there is enough evidence to justify the attribution of John's state of mind to the category.

## Extending the claim

The social worker's line when attempting to close the discussion with a strong rejection of any willingness to confirm such a link ('I dare not comment on this', turn 21) is perhaps that she is not equipped to make such an assessment or does not feel such an attribution is relevant. Either way it does not appear to encourage the sort of affiliation Jeanette is seeking. This is met with the mother's parallel formulation, stating the opposite: 'I do want you to comment' (turn 22).

The interpretation of the suicidal tendencies is now made to bear on the intervention as a whole. Epistemic asymmetry is now at the forefront and it extends to chronological accuracy. Jeanette claims entitlement to privileged knowledge of the child: 'John had very serious suicidal tendencies' (turn 22). Her detailed knowledge of her son's behaviour is displayed in turn 26 and stated with emphasis ('BEFORE THAT I had already contacted agency because I was seeing some signs, already before the crisis'). The social worker now concedes to the claim and asks what is to be included in the report (turn 27). Again she appears to be seeking agreement but in a more limited way, by merely adding Jeanette's opinion in the report.

It is worth noting that during this exchange there is a discrepancy about what is being talked about, including the weight which is to be attributed to the added information. In turn 25 Anna is writing down the mother's comments and asks for clarification, 'and before that you wanted?' For her, it is a matter of mere administrative record. In contrast, Jeanette takes the words 'before that' to mean before the social work intervention, indexing that for Jeanette

the truth of the nature and justification of intervention is now at stake (cf. Sarangi & Slembrouck 1996: 119 on "warrior clients" whose resistance focuses on the application of social and moral principles, even at the expense of favourable procedural outcomes).

## Stalemate

Jeanette now states her position in the most complete form, starting with accusation that the social worker has always displayed an incorrect formulation of the facts. The contested logic is summed up in an incremental list of three: John was in a particular institution, he had suicidal tendencies and these were a result of tensions between the parents. Such a formulation, Jeanette contends, has wrongly been the basis for his previous admissions to care and now she is resisting any blaming for John's mental health.

Anna continues to dispute that this is in the report, to which Jeanette provides an immediate riposte 'then it is about time you put it in' (turn 30). This displays the way in which the protagonists in the argument do not so much interrupt one another as to be acutely aware of what the other saying. They carefully monitor and respond immediately to the other's turn. Anna continues to locate the discussion in terms of merely adding appropriate wording to the report (turn 31). Jeanette now interrupts Anna and delineates 'the problem': all the professionals have blamed the suicidal tendencies on tensions between the parents.

We can see at the end of this extract that Jeanette has been developing her arguments, seeking truth and challenging the professional formulations in order to mit-

igate any blame for John's mental health. She invokes privileged knowledge of John: not only did she first identify the early signs and approach the agencies, she is now able to use the social worker's own report to identify the suicidal tendencies as occurring before the reports of marital tensions. As demonstrated by Heritage and Raymond (2005), the use of a tag question cedes epistemic authority to the next speaker while also making the accuracy of the statement the immediate matter to be addressed. In this case, by stating 'Is this a suicidal tendency or not?' (turn 20), Jeannette positions Anna as competent to make an assessment of suicidal tendencies based on the written report and invites her to confirm or deny this. In this she is also anticipating any professional challenge to the child returning home which might be formulated in terms of previous marital tensions. However, rather than dealing with the diagnosis of suicidal tendencies, Anna shifts the focus to only what the report says, and explicitly avoids denying or confirming the diagnosis, saying: 'I dare not comment on this' (turn 21).

Con conversationally, the argument has been not resolved. Whilst the social worker has been persuaded to consider changing the wording of the report, she does not provide online recognition of Jeannette's category-specific formulation of the case.

### Types, tokens and their relative weight

Although the category is being undermined, it is nevertheless maintained. Jeanette wants Anna to make corrections about the timing and origin of her son's suicidal tendencies, as she had noticed these

'signs' (as she calls them) before her son was placed in care. John's suicidal tendencies were, according to Jeanette, the reason why she asked for help from the institution in the first place. This is a categorization which appeals to the privileged knowledge a parent possesses; it preceded the one in the report and marks the actions of a responsible parent who acted in the interest of the child. As described by Raymond and Heritage (2006), Jeannette's declarative utterance asserts that she had direct access to John and is therefore in a position to assess his state of mind at that time: 'John had very serious suicidal tendencies' (turn 22). In addition, as an alternative to the unjustified attribution contained in the report, a characterization which recognizes the validity of the initial motives would have resulted in a situation where the child was not put in care. The latent accusation is that an institutional course of action went against the characteristics which informed its initiation in the first place.

Hall and Slembrouck (2001) in an analysis of a case conference note the way in which the social worker uses instances of characterization to index a pattern, while the client is restricted to comments on the particular instances that would make up the pattern. Here the client is trying to use an instance to re-formulate a category: 'John already had suicidal tendencies', but the social worker resists such a move by refusing to link the instance to the category. Ultimately social workers have control of the overall professional formulation – they assess needs and risks, and the evidence which constitutes such formulations. As mentioned in the introduction, social work writers expect social workers to listen to the client's point of view and take on board certain small points and 'negotiables' (Rooney

1992), but the social worker remains in control of the definition of the situation. In this respect Anna's position can count as professionally accountable as she listens to the client's point of view but ultimately she maintains a monopoly over professional judgment.

## Outcome

Once an interaction becomes argumentative, speakers are often trapped in a negative spiral, each oppositional move becomes the next arguable action (Maynard, 1985; Hutchby, 1996). Arguments are hard to resolve. The most common result is a 'standoff', with no compromise being reached. How does the 'standoff' at the end of the encounter relate to what happened next?

In 2012, both Jeanette and Peter want John to live with Jeanette, and also John wants to live with his mother, but he is placed in care with foster parents. John has acknowledged in an interview that he does not like living with his foster parents and he has run away a few times to Jeanette's house. John is very persistent and stands up for his rights. This includes a letter to the juvenile judge to make clear what he wants. He knows his rights (he also has his own lawyer). In the last court meeting of 2012, the juvenile judge's recommendation that the parents draw up a plan for a co-parenting arrangement may be taken to anticipate a subsequent decision that John can go and live with Jeanette again. Going against this interpretation, the youth care agency wants to first investigate the parents' past, their capabilities and intelligence before the next court meeting. In Jeanette's opinion this is the agency's way to obstruct the

family's case (email correspondence 2012). Following the agency's insistence on a capabilities test the situation between Anna and Jeanette could only get worse. Due to the pressure of John and his lawyer and also Jeanette's advocates, the parents' capabilities are not tested in the way the agency proposed. John's opinion is heard in court and adopted by the juvenile judge and, with the judge's approval, he returns to live with mother, albeit initially under supervision (judicial decision in 2013). While the disagreement between Jeanette and Anna is not resolved, the actions of others determine the direction of the categorization process with corresponding decisions.

## Conclusion and discussion

Our presentation of the case study demonstrates how a conflict may unfold over a period of time and the turn-by-turn analysis illustrates how attempts by a parent (Jeanette) and a family supervisor (Anna) may be unsuccessful at resolving the conflict. Specifically in relation to the turn-by-turn analysis, as highlighted by Van Nijnatten (2005), Anna treats the official report as primary. When Jeanette tries to correct an aspect of it which she considers to be quite central to the case, Anna attempts to deal with it through recording Jeanette's views, without altering the official record. More specifically, whereas Jeanette tries to have her son's statements upgraded to a category of 'suicidal tendencies', Anna works to downgrade them to 'remarks'. The case study illustrates how Jeanette's attempts to correct the official record are translated into negative evaluations of her behaviour – such as "uncooperative" and "hostile".



Arguably, these function to undermine the client's account.

Furthermore, we can see how, interactionally, Jeanette invites Anna to agree to the diagnosis of 'suicidal tendencies', bolstering her account with her first-hand knowledge of her son, whereas the family supervisor explicitly refuses to comment on this. In this way, the analysis illustrates a struggle over epistemic authority (Heritage & Raymond, 2005), showing on the one hand a parent's strategies for challenging conclusions about her son, and on the other hand illustrating how a family worker may purport to resolve the conflict while actually creating a stalemate. Moreover, the analysis illustrates how facts are created discursively and interactionally, with significant consequences for the people involved.

The conflict between Jeanette and Anna might be seen as an extreme example, with resentment becoming entrenched. However, many of cases in the Dutch data archive were characterized by similar disagreements and argument (Verhallen, 2015). Other cases with less of a rehearsed conflict may display more instances of reluctant compliance (Corby et al., 1996). Even so, Knijn and Van Nijnatten (2011, p. 237) consider that recent developments in Dutch policy and practice display "a tendency toward more repressive interventions". They further consider how "open-ended and vague concepts such as stimulating child development create a growing tendency to assume that parents a priori do not know what is best for their children, or how to behave in their best interests". Here, we suggest that cooperation and coercion are fluid and not fixed, as they might change over the course of the intervention. This particular meeting demonstrates that the positions of the family supervisor and parent shift through the

use of categorization and entitlement, suggesting how and when authority/coercion and support/rights are clarified.

Social work writers promote the concept of "good authority" which is "ethical because it uses authority in a skillful, empathic yet forthright manner, which is in accordance with standards of justice, but essential to keeping children safe" (Ferguson, 2011, p. 171). It is assumed that the needs of and risks to the children can be appropriately identified by professional assessment. Certain actions by parents and signs in the children's behaviour are unequivocally dangerous and provide a justification for intervention. Clearly some children are harmed, emotionally, developmentally and physically by their parents, and social and psychological assessments attempt to identify harm and risk. However such evidence needs to be tested. The case study demonstrates how firm action and authoritative assessment did not produce evidence which stood up to legal scrutiny, and the child returned home. The turn-by-turn analysis demonstrated that how the social worker listened to, even encouraged, the client's perspective, but did not change her formulation of the case. What counts as 'evidence' is affected by power differentials. Within child protection processes, the pressure to make agreements means that cooperation by the client becomes itself an issue in the formulation of the case. Being able to challenge professional categorizations is not merely limited in terms of what counts as accepted evidence, but also how it is interactionally possible to make a case. It is not only 'who knows best' but also 'whose knowledge counts'.

In most cases, parents in child protection procedures are not defendants in a crime investigation with the associated



rights to be represented and scrutiny of evidence. Devine and Parker (201, p. 10) note the parents' "vulnerability". For Dickson (2009), the law and professional ethics collide in child protection, for example in the way that parents are coerced into agreeing to the removal of their children under voluntary arrangements. Strong pressures to obtain cooperation and avoid litigation mean that due process is not followed, potentially compromising accurate factual determination and the scrutiny of social work intervention (Sinden, 1999). Pollock et al (2015) voice similar concerns that coercive power in child protection is subjected to "the checks and balances of due process" (p. 167), but conclude that it can be justifiable to protect the child, while persuasion is rooted in the worker being prudent, understanding and reasonable. Systems may also have to become less intent on establishing definitive versions

of a case but keeping options open in recognition of "the increasing pervasiveness of uncertainty and insecurity amongst professionals and those with whom they work" (Parton 1998, p. 23). Parton (1998) adds the need to rethink "the nature of professional judgment and the way in which relationships between users and social workers are (re)framed" (p. 23).

Finally, our case study and sequential analysis suggests an approach to research which fosters interactional awareness about the dynamics of disagreements and their significance in the light of the larger intervention as a whole. Further research is needed to explore the representativeness of the depicted processes in other case contexts. In addition to its epistemological value, the combination of case study and sequential analysis also has potential as a strategy for professional development.

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# The problem of participation in child protection conferences

## An interactional analysis

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### Abstract

Engagement between parents and child protection services is a matter of widespread importance, yet often hard to achieve. Child protection policy in England and Wales has emphasized participation and partnership for nearly 40 years, including parental attendance at child protection conferences. This paper reports analysis of the talk during the early stages of 12 initial child protection conferences using conversation analysis (CA). It highlights variable practices in managing introductions, and discomfort in discussing parents' shortcomings and strengths. It provides new insights into strategies used by professionals to mitigate this discomfort, including indirect speech, politeness strategies and what I term narratives of redemption. The paper introduces a new concept, reference switching, where social workers switch between talking about a family to addressing them. Families, meanwhile, employ strategies of justification and recategorization. The paper proposes experimental changes to professionals' talk, to reduce ambiguity, improve the emotional climate and increase family engagement.

**Keywords:** child protection case conferences; parental participation; parental involvement; applied conversation analysis; interactional strategies; reference switching.

### Introduction

The problem of how to work effectively in partnership with parents whose children are the subject of child protection concerns has long vexed researchers, policy makers

and practitioners. Child protection work is situated where private family life and public responsibilities intersect; family life is on view and its mundane details are transformed into an institutional topic of interest through professional inquiry. Engage-

ment between parents and child protection services is important for the safety and welfare of children, yet studies show that professionals and parents do not always reach agreement about the cause of troubles or their resolution (see Featherstone, Morris & White, 2014). Child protection policy in England and Wales has emphasized participation and partnership for nearly 40 years, and successful engagement was linked to better outcomes in some early research (Thoburn, Lewis, & Shemmings, 1995a). Official government guidance continues to provide a framework for child protection processes and the involvement of families (Department of Health, 2015).

This paper focuses on the initial child protection case conference (ICPC), using a turn-by-turn interactional analysis of data from audio recordings. Very few studies have obtained recordings of these meetings, as they take place at short notice during a child protection investigation. ICPCs are multi-disciplinary meetings called by the local authority children's services following a child protection investigation under section 47 of the Children Act 1989, and have the task of deciding whether a child protection plan is required. The formal *subject* of the meeting is the child and the child's safety and welfare, so the child's health, educational progress and well-being are necessary topics for discussion. Inevitably, their parents' lives and parenting abilities come under scrutiny. The study reported here sought to understand how communication was accomplished in these sensitive multi-party meetings. The author anticipated that features signalling interactional *trouble* might emerge in the analysis and lead to recommendations for change. The implications for family participation emerged from the analysis.

## Background to the Study

In research studies and government guidance, terms such as *participation*, *involvement* and *engagement* lack straightforward and agreed definitions. Participation is linked to the principle of partnership working, enshrined in the Children Act 1989. Thoburn, Lewis, and Shemmings (1995b) adapted Arnstein's ladder of participation to rate partnership, under which they subsumed 'participation, involvement, consultation, and keeping [families] fully informed' (p. 33).

Department of Health guidance (2015), which has the power of statute, uses everyday language to outline duties laid upon social workers and other professionals. It refers to the need to 'involve the child and family' in the assessment (Department of Health, 2015, pp. 14 & 21), and to make 'expectations' of parents clear to them (p. 33). The ICPC 'brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development' (p. 43). In short, parents are entitled to information, to have their views heard, and to attend decision-making meetings.

Previous studies have invariably reported that both families and professionals favor the inclusion of parents in child protection conferences (Bell, 1996; Corby, Millar, & Young, 1996; Shemmings & Thoburn, 1990; Thoburn et al., 1995a). Families who were not invited to the conference 'were more likely to feel unfairly treated and to report that their relationship with their social worker had deteriorated' (Bell 1996, p. 52), while Thoburn et al. (1995a) found a significant correlation between family



participation in child protection processes and more positive initial outcomes for children and for parents. Where families have been included, teams and social workers have found engagement with them easier (Shemmings & Thoburn, 1990). From the families' perspective, a good relationship with their social worker helped them feel less intimidated (Appleton, Terlektsi, & Coombes, 2015; Buckley, Carr, & Whelan, 2011), while a trained advocate to support parents attending conferences reduced the sense of intimidation felt by them (Featherstone, Fraser, Ashley, & Ledward, 2011).

A common topic has been the conflict between the rhetoric and reality of participation. Corby et al. (1996) expressed reservations regarding the authenticity of parental participation in conferences. They concluded that professionals had already decided on the outcome, and parents complied to prevent the removal of children. More recently, Broadhurst, Holt, and Doherty (2011) suggested that meetings reinforce the power of the professionals and the local authority. For the professional, achieving participation is hampered by paradoxes in policy and practice; on the one hand, social workers have powers to investigate family life and remove children, and on the other, an obligation to assist parents struggling with personal vulnerabilities and structural disadvantages (Dickens, Masson, Young, & Bader, 2013; Healy, Darlington, & Yellowless, 2012). Social workers are simultaneously friend and foe. Asymmetries of power are reflected in the fact that the meetings 'are dominated by interprofessional talk' (Hall & Slembrouck, 2001, p. 145). A study comparing 'traditional ICPCs' with those using the Strengthening Families model developed in West Berkshire, UK, found that the new model helped parents to engage

better but did not always avoid conflict (Appleton et al., 2015). The 'best interests of the child' (DH, 2015, p. 45) trump all other considerations, and the normative right of parents to define the best interests of their own children no longer holds in child protection cases. It is not then surprising that conflicts arise even where parents attend meetings and make their views known.

Dickens et al. (2013, p. 3) pointed out that 'it is asking a lot of anyone to take part, calmly and constructively, in a meeting where one's private life is being discussed and one's parenting criticized', and Campbell (1997) highlighted the ambiguous nature of parental involvement:

If parents and relatives are to be involved in the protective case conference, then there is a fundamental ambiguity about whether they are there to present their own 'case' or hear the 'case' being constructed by others; to provide information or receive it; to benefit from or critique the perceptions and inferences of professionals; to shape a decision or receive it (p. 4).

Two studies have used discourse methods to analyse participation (Broadhurst et al., 2011; Hall & Slembrouck, 2001). Both papers report that the structuring of interaction constrains parental participation.

In conclusion, the literature on parental participation lauds the principle and laments the practice. The view that family members should be involved in child protection and present at meetings is shared by parents and professionals alike. Conferences make life-altering decisions about families, and natural justice, as well as policy, suggests that these decisions should not be made behind closed doors. Yet participa-



tion is not easy to accomplish, and the question of whether parents can be full participants remains vexed.

This paper argues that child protection conferences are interpersonally problematic because professionals are required to find fault with parents in their hearing, violating social norms governing everyday interactions. Drew and Heritage (1992), citing Atkinson, suggest that '[t]hose elements of "formal" institutional interaction which are experienced as unusual, irksome, or discomforting are experienced as such against a tacitly assumed background which is supplied by the workings of ordinary conversation' (p. 27). In other words, people feel uncomfortable in work settings when required to speak in ways that depart from everyday practices.

In both ordinary conversation and institutional talk, the dissection of people's flaws is allowable in certain circumstances. Denigrating comments are *addressed directly* to the subject in a quarrel, and social workers *name parenting inadequacies* in the privacy of a home visit. This is delicate and demanding work (Van Nijnatten & Suoninen, 2014) but neither social workers nor parents need take account of immediate overhearers. Conversely, gossip entails pejorative or prurient *talking about* an absent person, and a group of professionals may *talk about* a family's issues, out of their hearing. ICPCs, therefore, depart from the norms of mundane informal conversation, and from the norms of commonplace institutional occasions. In ICPCs, family and professionals are co-present overhearers.

## Methods

This paper presents findings from a study of 12 ICPCs held in a single local authority (the LA), collected over a period of 9 months during 2014-2015. During this period, 67 conferences were held, and these 12 (18%) comprise the total data set where consent was obtained from all participants. The data comprise audio recordings of the meetings. The author's university of affiliation granted ethical approval for the study. The conference chair sought consent from family members, while the LA's administrative note-taker usually obtained the permission of professionals who were attending; the researcher observed five conferences and on some of these occasions solicited professionals' consent. To ensure anonymity, pseudonyms or role titles have been used to protect the identity of participants.

Unusually, this LA makes an audio recording of every ICPC, to aid the note-taker and in case of complaints or disputes about outcomes. The norm of recording ICPCs facilitated the research, because consent did not result in special recording arrangements. Furthermore, professional members expected meetings to be recorded, reducing the likelihood that their behaviour was affected by the inclusion of the conference in the study. Similarly, social workers and chairs were accustomed to explaining the recordings to families. Finally, the researcher's did not have to make the recording, which increased the number of conferences available for inclusion. Recordings were transferred securely to the researcher and full verbatim transcripts were made and anonymised. Sections were identified for more detailed scrutiny. Recordings and transcripts have been securely stored electronically, accessible only to the researcher.

Anonymised versions may be available for limited sharing with other researchers.

Conversation analysis (CA) was used to analyse the transcripts. CA is a branch of sociological enquiry into *naturally occurring* interactions in both informal conversation and *institutional* settings such as the workplace. It attends to the analysis of social action as it emerges in conversational behaviour, through which forms of social order can be examined. The concept of naturally occurring talk contrasts with staged or simulated conversation. Researchers use audio or video recordings to examine the minutiae of turn-by-turn interactional events which can be 'subjected to repeated inspection' (Drew & Heritage, 1992, p. 5). In this way, the 'seen but unnoticed' (Garfinkel, 1967, p. 36) elements of social interaction emerge. Institutional talk resembles informal conversation in many respects, and also possesses distinctive features. Meetings are more structured and pre-determined than ordinary conversation (Heritage, 1998), turns are usually longer (Sacks, 2004), and the chair more often selects both topic and next speaker than other interactants, which Broadhurst et al. (2011) confirmed.

Conversation analysis can be *applied* in the sense that research findings become the basis for proposed changes to interactional behaviours (Finlay, Walton, & Antaki, 2011; Hall, Juhila, Matarese, & Nijnatten, 2014; Heritage & Robinson, 2011). This paper applies CA by using the study's findings as a basis for recommendations about how child protection conferences are conducted.

## The Meetings

ICPCs must be called 'within 15 working days of a strategy discussion' about

child protection concerns (Department of Health, 2015, p. 41). During this period, multi-agency professionals produce written reports. The investigating social worker completes a written assessment and is expected to inform the family and prepare them for the conference. These reports did not form part of the study.

The ICPCs studied were held on LA premises, in meeting rooms arranged boardroom style. A written explanation of the conference purpose and the definitions of abuse and neglect that formed the basis for decisions was given to each participant. No name labels were provided. The chair of the conference was an experienced social worker employed as an independent reviewing officer. Chairs had no prior involvement with the family and no managerial responsibility for social work staff. Four women and one man chaired the 12 conferences. Typically, chairs met with family members about 30 minutes before conferences were due to begin. This time was also reserved for the family to read professional reports they had not yet seen. Professional members gathered in another room to read these reports. Professionals outnumbered family, as other studies have found (Corby et al., 1996; Hall & Slembrouck, 2001). The number of adult family members attending ranged from one to five, and two children were present—one baby and a child of 18 months. The number of professionals, including chair and note-taker, ranged from six to 18.

Table 1 provides details about the subjects, participants, decisions and length of the conferences.

In this LA, social workers from the Referral and Assessment Team undertook assessment work up to the time of an ICPC, after

**Table 1.** ICPC participants, decisions and duration

	<b>Chair</b>	<b>Children No. &amp; age</b>	<b>Decision</b>	<b>Family present</b>	<b>Profession-als<sup>a</sup></b>	<b>Duration +/- minutes</b>
ICPC-01	Rosie Willows	3, aged ≤ 9 years	Neglect	M, F, MGM	14	81
ICPC-02	Brian Field	4, aged ≤ 12 years	Neglect	M, F, PGM, MA	6 + researcher	80
ICPC-03	Alice Greenwood	3, aged ≤ 7 years	Neglect	M, F, MGM	16	101
ICPC-04	Rosie Willows	unborn	Neglect	M, F	4	58
ICPC-05	Brian Field	18 months	Emotional abuse	M, F, MGM, C	7	63
ICPC-06	Rosie Willows	4 years	Neglect	M, MGM, GGM, GGF	9	74
ICPC-07	Brian Field	unborn	Neglect	M, F, MGM	8 + researcher	49
ICPC-08	Rosie Willows	4 weeks	Emotional abuse	M, F, MGM, PGGM, PA	7 + researcher	96
ICPC-09	Sue Aspen	unborn	Neglect	M, MGM	6	45
ICPC-10	Sue Aspen	4 months	Neglect <sup>b</sup>	M, B	9 + researcher	75
ICPC-11	Jenny Beecham	unborn	Neglect	M, F, PGM	7 + researcher	48
ICPC-12	Brian Field	2, aged 4 and 11	Emotional abuse	M, F	9	89

*Note.* M: mother; F: father; MGM/PGM: maternal/paternal grandmother; GGM/GGF: great grandmother/father; MA/PA: maternal/paternal aunt; C: child; B: baby.

<sup>a</sup> Plus Chair and note taker.

<sup>b</sup> The only decision that was not unanimous; the police officer did not believe a plan was needed.

which a social worker from the long-term team assumed responsibility, if a need for further services was established. Some families had long involvement with services. Professionals attending the ICPC invariably included a social worker, usually the investigating social worker, and representatives from social services, health, education, police, probation, housing, services for drug and alcohol use, domestic abuse,

and child sexual abuse, and students in social work and health care. The subjects of the conferences were three unborn babies, two infants under one year, one toddler of 18 months, one child of four, one sibling pair and three family groups of three-four children. All twelve conferences decided on the implementation of a child protection plan, nine on grounds of neglect, and three on grounds of emotional abuse. The

question of taking legal steps to remove the children was discussed as a possibility in six conferences, indicating the gravity of concerns.

The duration of the meetings ranged from 45 minutes to 101 minutes, with the average (mean) duration being a little over 71 minutes. ICPCs are thus quite long and complex events, placing high demands on participants' attention, and with numerous exchanges. This paper focuses on interactional events that take place early in the meeting. This phase is a critical site for the examination of participation, because family members become audience to a description of their family life, and are invited or self-select to respond to the account supplied. The narrow time focus facilitates a comparison between meetings.

## Research Findings

### Introductions and the chair's preamble

Chairs opened conferences by orienting to institutional goals (Drew & Heritage, 1992). They diverged in how they initiated proceedings, and participants responded. I will discuss the contrasts between Brian Field and Rosie Willows, who each chaired four meetings.

Brian started procedurally, reading aloud from the document provided to participants about the purpose and 'rules' of the meeting. He then typically asked people to introduce themselves: 'So if we could start with introductions, and let's start from the right.' (ICPC-05) In three of these four meetings, professionals gave their name and work title, but did not explain

their involvement with the family (or, by implication, the reason for their presence). Rosie sought introductions first, asking participants to identify their role and involvement with the family; in three of these four conferences, participants obliged. She then explained the conference purpose and the responsibilities of those present in her own words, using the same form of words each time. Her explanation was more expansive than Brian's 'read aloud' version, and her vitality and emphasis suggest she was addressing the participants. Without video recording I cannot say whether Rosie made more eye contact with participants than Brian. Nonetheless, these contrasting approaches are consequential, in that family members in Rosie's conferences were given more comprehensive information about participants and their duties than in Brian's.

### The warrant for the meeting

Immediately following these preliminaries, chairs asked social workers to supply what I call the *warrant for the meeting* or the *social work warrant speech*. This warrant, supplied *within* the meeting, sits beneath three higher order warrants *for* the meeting.

First, the Department of Health (2015) requires an ICPC to be convened where child protection concerns are substantiated, constituting the *policy warrant*. The meeting must take place, even if the decision has already been made (Corby et al., 1996). Second, meetings are all about talk, and must not be felt to be too short or too long (Boden, 1994). An ICPC is costly, with 6-18 professionals engaged on average for over an hour. The meeting confers rights and duties on participants to 'talk the

meeting into being' (Hall et al., 2014), and formal decisions are postponed until sufficient talk has taken place. Although professionals commonly submit reports prior to the meeting, no amount of paperwork can replace the meeting. This fact supplies the *interactional warrant*. Finally, the central topic is the children's needs, constituting the *moral warrant* for the meeting.

### Eliciting the warrant

The exchanges between chair and social worker showed their contextual orientation to each other's role; their turn design also showed sensitivity to the co-present parents. Goffman's concept of *footing* (Goffman, 1981) is relevant here: the professional footing of mutual addressees is made slippery by the presence of overhearers, for whom communication must be shaped. Goffman (1981) distinguishes between ignorable overhearers with no legitimate claim in the conversation, and 'ratified participants' (p. 84), with rights and obligations to listen and to speak. In the ICPC, all participants were 'ratified'.

**Chairs employed politeness strategies.** The chair's request, by virtue of the power vested in the role, bordered on a command to which the social worker was obliged to respond. However, chairs formulated the request in a *softened* form, a linguistic device which 'minimises the imposition' (Brown & Levinson, 1987, p. 176). They used variations of 'if I can/could', 'just ask', 'what I'd like'. Chairs adopted this *politeness strategy* in many of their invitations, asking participants to oblige rather than commanding them to obey, and thus ameliorated a face threatening display of power.

### Chairs' requests were not specific.

Chairs were not specific about what should be mentioned, and none asked for positive family attributes. They frequently steered social workers away from rehearsing information at length. In ten meetings they reminded participants about the reports that they had read. One used the upgrading term 'very full' reports; five referred to the need for brevity, and a sixth specified the 'prime reasons'; two stated that there was no need to reprise 'historical' information. One intention might have been to manage the length of the meeting. Additionally, the requests seemed designed to minimise the speaking of discomfiting information, while simultaneously requiring an indeterminate amount of it to be said. This suggests sensitivity to parents, but had the effect of handing the social worker the decision about what to say and how much. Only one indicated in her preamble that 'protective factors surrounding the baby' would be discussed (ICPC-04). In this case, such protective factors included the parents' management of their use of drug and alcohol.

### Supplying the warrant

Social workers usually provided a double warrant. They explained how the concerns justified the meeting, and demonstrated their professional accountability (Garfinkel, 1967) by showing they had followed proper procedure prior to calling the meeting. Social workers responded promptly to the chairs' request (see examples below) and spoke, usually uninterrupted. The shortest turn was sixty seven seconds, and the longest more than four times longer at nearly 5 minutes. Chairs sometimes gave

minimal response tokens such as ‘Mmhm’, indicating that the social worker should continue. Social workers usually mentioned the referral and its origins, gave information about ‘concerns’ (one used the term ‘worries’ instead), and reported on formal processes such as strategy discussions and assessments. They did not follow a script, but constructed quite complex narratives as they spoke, indicated by the frequent use of ‘erm’, marking a voiced, rather than silent, pause. Some were hearably looking through their papers and reading from them.

**Social workers echoed the chair.** In 10 of the 12 conferences, the social worker reused or slightly altered a word or phrase used by the chair, indicating the social workers’ attention to the request and effort to fulfill it. In these examples, the first part of the social worker’s reply is included, repeated elements are italicized, SW means social worker and (.) signifies a short pause.

Chair: So if I can ask Rebecca if you before we get started by just very briefly summarising for us really the reasons why you felt *that a child protection conference was required*.

SW: Yeah sure. Okay so we – erm Children’s Services received a referral .... There was a multi decision- multi-agency decision made (.) at that meeting *that erm a Child Protection Conference was (.) required*. (Conclusion of turn, ICPC-01)

Chair: Corinne, could you explain then the reasons why *we’ve called today’s meeting then?*

SW: So *we’ve – we’ve come today*, erm... (Opening utterance, ICPC-04)

Chair: What I’d like you to do really is to go through the pathway in terms of *getting to this point*.

SW: I guess, erm, definitely ....That’s kind of why *we got to this point*. (Conclusion of turn, ICPC-05)

Chairs used standard phrases such as ‘very briefly’, which were not invariably selected for repetition in the social work warrant. Nevertheless, both the content and form of the social workers’ talk suggests that they designed their contribution locally in response to the specific request made. This recycling of the chairs’ talk occurred most often in opening and concluding statements, with conclusions in particular marking that the response was complete.

#### **Incomplete warrants were notable.**

The chair’s request and the warrant form an extended *adjacency pair* (Sacks et al., 2006), that is, two utterances that reliably follow a sequence of first (a) and then (b). Where (b) is absent, this is notable, for example, failing to return a greeting. In the study ICPCs, the chair made the request, the first part of the pair, usually selecting the social worker as next speaker by name. The social worker thus acquired the obligation to speak and provide the second part of the pair. Exceptions lend support to the argument that reusing the chair’s words hearably signalled an adequate adjacency-pair completion. The most striking exception occurred when the chair brought the social worker’s account to a close by treating an ‘erm’ as a gap between turns rather than a pause within a turn (Sacks, 2004). The last few utterances of the social worker’s warrant speech are given to indicate its unfocused style and absence of detail about parenting capacity. Chair: Why was the initial assessment undertaken please, and why was there a decision *to convene the conference* this afternoon?



SW: ...There's been a long (.) history of (.) problems that have recurred and cycles of different things that have happened for Becca over her er short life. Erm, she's had (.) 28 convictions and 53 known offences erm in terms of her police record and some of that's been shoplifting (.) and (.) we know that some of that's around alcohol and some of that might be shoplifting in relation to her history of er substance misuse, various different things. Erm

Chair: So at the conclusion of the assessment, the decision was taken *to convene* a, request an initial child protection *conference*?

SW: Yeah, er, yeah, yeah.

Chair: Yeah. (ICPC-09)

The chair supplied the conclusion that the social worker had not so far delivered, repeating back *her own* words from her request.

### Social workers showed sensitivity to parents

Although half the social work warrants contained no redeeming attributes, unvarnished descriptions of current problems were scarce. As the social workers catalogued concerns about family life, they used *delicacy*, a strategy observed in some other studies (Silverman, 1997; van Nijnatten & Suoninen, 2014). They utilized linguistic devices to soften the accusatory and personalized elements of the account being offered.

Social work warrants often avoided the use of 'I', exhibiting a preference for the institutional terms 'we' or 'Children's Social Services'. Social workers sometimes

corrected 'I' to one of these less personal terms. They used passive constructions, sometimes combined with euphemisms: 'the state of the family home (.) during that police raid was noticed of being of particular concern' (ICPC-01). They depersonalized information, attributing action to 'the referral' or 'the assessment': 'the referral was raising concerns'. In this excerpt from ICPC-06, reference to both 'I' and the mother were circumvented, while the problematic ex-boyfriend was named and implicated: 'unfortunately the relationship resumed with Nick later in [month] and there were further noise complaints, concerns and improvement in education attendance didn't happen and other health needs weren't met'. Additionally, the social worker used the positive term 'improvement', saying this did not occur, rather than the more negative term 'deterioration'.

Social workers showed delicacy by using downgraded and soft terms for descriptions of family life, shown by italics:

And there were *a few minor* concerns that – Paul *felt that he could* smell cannabis in the property (ICPC-03)

there's been, erm, a pattern of *sort of* failing some appointments... Trisha's struggled with *a little bit* (ICPC-07)

concern about what's happened previously with the two children that '*had been removed into care*' (phrase inside °° quiet voice) (ICPC-11)

### Narratives of redemption

Although chairs did not request accounts of family strengths or descriptions of redeem-



ing features, social workers sometimes supplied what I call *narratives of redemption*. They described parents with undisputed past difficulties as reformed, or portrayed parents with current difficulties as meriting support. Words such as ‘struggling with’ were used to indicate parental effort and motivation. One social worker framed the mother’s difficulties partly in terms of inadequate service provision: ‘so it seemed that Emma had lacked support in terms of people going in to the home and actually doing the direct erm work in the home which she was missing’ (ICPC-02).

Social workers used *reported speech* to avoid making direct *accusations*, which are known to elicit denials as the second part of an adjacency pair (Stivers, 2013). Social workers reported interactions between other people, and between themselves and others. This social worker described an incident with police:

during that drug raid erm Liam Tranter was arrested with possession of erm heroin and possession with intent to supply and also was arrested for being concerned with supplying a drug. And Liam *as stated to police at the time*, well he had heroin on him he said he just used heroin (ICPC-01)

The social worker explained that the father, Liam, has been arrested for the use, intent to supply and actual supply of drugs; he admitted being a *user*, the lesser offence, but not, by implication, a *supplier*. As the court case had not been resolved, the social worker’s use of reported speech avoided making an accusation, as well as indicating that this was hearsay, not her direct experience. In the following example, reported speech helps build a narrative of redemption,

re-categorizing a newly pregnant mother whose previous poor parenting has led to her children being in the care of the local authority:

Lauren obviously has contact with her her other four boys, and the worker that supervises that contact *has also explained* how well that go- that’s going. Nice positive interaction, loving engagement between Lauren and the boys. (ICPC-04)

### Reference-switching

In the meeting referred to above, the social worker referred to her own conversations with the parents. Although she did not quote their speech, she alluded to it and thereby both reinforced the redemptive narrative and showed affiliation with them:

SW: Lauren’s *acknowledged* that she’s had some difficulties in the past, erm, predominantly around amphetamine use and some criminal activity. So *we’ve sort of talked around* that and (.) obviously, around Tony as well, and some (.) sort of tried to sort of work out then basically how (.) how you’re going to manage with the baby int’it?

Lauren: Yep (ICPC-04)

In this short utterance, the social worker talked to the chair about the mother, referring to her by name ‘Lauren’ and third person pronoun ‘she’; used ‘we’ to refer to ‘Lauren and I’; switched briefly to address Lauren, using second person reference, ‘you’; and switched back to third person. She thus used four terms of reference in one utterance, portraying the mother as someone

who could talk honestly about difficulties and was planning to overcome them. The use of 'we' evokes the relationship the social worker and mother have formed, and the use of 'you' embodies it in the present. This is an unusual feature that I shall call *reference switching*, in a nod to Gumperz's (1982) concept of *code switching*. Code switching refers to changing between dialect and standard forms of language, or between languages known to all speakers. Code switching changes the context for, or footing of, participants. Reference switching also changes the footing of participants, where a ratified listener becomes an addressee.

In the prior excerpt the mother gave a brief affiliative response, as did the mother in the next example, when the social worker cited her direct knowledge of the mother's self-awareness, and enacted their working relationship in the moment.

SW: Erm... the children's behaviour was a concern in terms of the very lively w-wild running running round running (.) running rings round you really aren't they?

Emma: (murmur of agreement)

SW: And you struggle to take control of them. Emma's always recognised that and she says she does struggle but the concern is around how Emma can manage the children's behaviour e-er to a level where she keeps them safe (ICPC-02)

Reference-switching to speak directly to the parent appears to occur in association with redemptive features in the social work warrant. The association is presented in Table 2.

Reference-switching to 'you' occurred during the social work warrant or a closely subsequent turn in six conferences. Five of the six described redeeming qualities, protective factors or parental readiness to accept support, such as: 'Trisha, you'll see I covered it in my assessment, the difficulties you've had, erm, with your family but your mum's here today and that's good, and – and your mum's saying she wants to support you but again, that's untested' (ICPC-07). By contrast, social workers referred exclusively to concerns in five conferences,

**Table 2: Redemptive narrative and reference switching**

	Redemptive narrative	Reference-switch to 'you'
ICPC-02	Yes	Yes
ICPC-04		
ICPC-06		
ICPC-11		
ICPC-07		
ICPC-05	Yes for mother, No for father	No
ICPC-12	Yes	No
ICPC-01 ICPC-03	No	No
ICPC-08		
ICPC-10		
ICPC-09	No	Yes

and only one of these social workers made a reference switch. In the remaining two conferences, at least one parent was referred to as redeemable, but reference switching was absent. These data suggest that reference switching serves several functions. It softens accusations about inadequacies, thus reducing face threat. Longer utterances invite affiliation, and display an engaged working relationship, thereby bolstering the narrative of redemption. Minimal agreements by parents indicate recognition that they are not expected to take the floor.

### Responses to the social work warrant

The discussion above has focused on professional strategies which aim to avoid direct accusations and thereby mitigate potential face threats occurring early in the case conference. In five conferences, chairs explicitly invited parents to respond to the social work warrant. At other points a professional's turn at talk was perceived as an accusation or a face threatening statement, since it prompted the parent to claim a turn. The family strategy was to reject perceived accusations by justifying incidents, while categorizations of parents as deficient or harmful constituted face threats and were met with efforts at recategorization. Justifications are understood in Scott and Lyman (1968) terms, as accounts where 'one accepts responsibility for the act in question, but denies the pejorative quality associated with it' (p. 47).

An example of justification occurred when the mother volunteered a response to the indirect accusation of neglect presented in the social work warrant (numbers in

brackets refer to length of silence in seconds):

SW: ...there was a picture of Bethany erm (2) at the bedroom window and she was stood half out of the window and half inside the window. Erm so in terms of risk (1) direct risk to the (.5) of harm to the children because of lack of supervision and thinking around neglect-

Emma: Can I just say something? I did think the windows was locked but my eldest took the keys and opened them.

SW: Okay.

Emma: Erm I just wanted to put that in there but they have they have (.) they've stayed locked ever since then.

SW: Yeah. That was one example... (ICPC-02)

The mother's justification for the lack of supervision of one child was her lack of supervision of the eldest, who had taken the keys. Her next statement was designed to show that she had learnt from the experience – she is redeemable. The social worker, however, sees it as part of a larger pattern.

An example of a recategorization attempt follows. The chair had questioned the social worker about the history of domestic abuse from father (Neil) to mother (Melanie), and the social worker had described serious but unsubstantiated allegations, one of which was said to be reported by Melanie's mother. The chair noticed that Melanie wanted to speak.

Chair: okay there is some incidents of domestic violence in the past you were going to say something Melanie?

Melanie: yeah, erm there wasn't only me (inaudible) had witnessed the incident, that fails to mention the fact that the

police had come out not because he had assaulted me but I had also hit him too.

SW: Right.

Melanie: There was no – my mother's never rang the police she lives in a completely different area and I don't communicate with her like that.

Chair: Do you both accept there's been incidents of abuse?

Melanie challenged the accusation against her partner by adding information (that she had hit him too), and attempted a recategorization of them as 'a couple who fight' rather than 'domestic abuser and victim'. She also rejected the categorization of herself as a 'daughter who would ask her mother to call for help'.

A more formal invitation was proffered by another chair at the completion of the social work warrant, although by using the downgraded term 'just', she implied that an extended response was not anticipated:

Chair: Okay, thank you. So is there anything there Samantha or Liam you'd just want to comment on?

Samantha: I've never had an appointment missed for Daisy or Isaac. I've never missed no health appointments; I don't understand that (.) and "deregistered", what what's that mean? (ICPC-01)

The mother oriented to the most recently spoken shortcoming in a long list, and here she directly refuted the category of 'mother who neglects children's health needs' and insisted she was a responsible keeper of appointments for her children. Ensuing talk was with the health visitor in an effort to establish whether the children were regis-

tered with a GP; the health visitor resolved to 'double-check'.

Lauren, when asked by the chair for comment, agreed with the social work warrant, which had included redemptive comments. Six turns later, after it had been established that amphetamine use was no longer a problem, the chair presented the first face threat in a question to the social worker about a different illicit substance, cannabis. Lauren responded by supplying an extended account about why she had accepted a caution:

Chair: Okay. People have seen in the police report, there was reference in September to being cautioned for – for having some cannabis, is that right?

Lauren: I – I can explain that. Erm, when I was released from prison, erm... [speaks for one minute 39 seconds] ...so that's why I did it. Erm, so that's how – what that's...

Chair: Okay. Am I right (.) erm you (.) you have said, Corinne, in your report, that Lauren has admitted that sometimes she has been using cannabis a little bit.

It is noticeable that in these examples, the professionals give mothers minimal responses. They treat them with *negative politeness*, that is, they do not argue or challenge directly, but equally do not acknowledge their accounts (Brown & Levinson, 1987). The professionals' next turns indicate that they retain epistemic authority (Heritage & Raymond, 2005). Emma's attention to the windows is passed over in favour of a pattern of lack of supervision; Melanie and Neil are asked to confirm their acceptance of the fact of abuse; Lauren's justification is minimally

acknowledged by the chair, who turns to the social worker to supply further information. Only Samantha's claim that she has attended to her children's health appointments is taken up, but professional doubts are not dispelled; the health visitor will 'double-check' the details and establish the truth. The family's actions to defend their reputation make little impact on the professional narrative, and the category applied by the professional retains its validity.

## Conclusion

ICPCs are socially unusual, challenging situations for all participants, because the family's shortcomings are discussed in their hearing. This study shows that chairs and social workers design their talk with sensitivity to families. It also suggests that when families disagree with professionals' statements about them, professionals tend to withhold direct appreciations of families' versions of events. Families are not equal players.

The analysis based on CA methods and concepts has revealed that chairs do not make full use of their interactional influence over how introductions are done, and over the nature and volume of information that social workers should include in their warrant speech. This indirectness may create ambiguity for families about who is present, what will be said, and the substance of the concerns.

Social workers deliver the warrant as an extended utterance, and almost half of them provide a narrative of redemption to show that parents possess insight, engage with services, or are otherwise reformed.

Where social workers supply narratives of redemption, they more often use reference switching to address the parent in the stream of a third person account. I therefore make a cautious claim for a connection between these interactional features. The reference switch enacts the working relationship, engaging the parent momentarily, and displaying affiliation for those co-present to see. It may serve to reinforce the redemptive account. Where social workers do not identify redemptive features, their relationship with the family may be less developed, positive or engaged.

Notwithstanding delicacy and redemptive narratives, shortcomings must be spoken, and parents are directly and indirectly accused of failings and categorized in negative ways. Parents sometimes select themselves as next speaker unexpectedly to correct the portrayal of a particular instance, or respond to the last item in a list of concerns when invited to comment. They justify instances that have aroused concern, and work to re-categorize themselves where unwanted categories are applied to them. Their responses are met with minimal acknowledgement tokens rather than appreciations; family versions of the 'story' do not appear to alter the professional view. Professionals may avoid acknowledging parental accounts as a politeness strategy, or to avoid explicit disagreements (which also occur at times), but this avoidance may impair families' experience of involvement, of feeling understood, and their willingness to engage.

## Recommendations for practice

If families are to be involved in ICPCs, then what level of participation can be achieved?

These recommendations focus on the early phase of conferences; different strategies will be required at different phases. First, parents are entitled to know who is present and why they are there. Chairs should use their institutional authority to ensure that professionals explain their roles and responsibilities in relation to the family and the conference. Easily readable name labels would supplement these interpersonal introductions. Second, families have to listen to discrediting portrayals of family life, and social workers' use of delicacy suggests discomfort in supplying these accounts. I therefore recommend that chairs state at the outset that the family will be listening to potentially painful information, and will have a chance to comment upon it. This study cannot tell whether social workers or chairs make such statements to families prior to conferences. Nonetheless, a public shared acknowledgment would model sensitivity to the family and legitimize professionals' discussion of shortcomings.

Third, chairs should make more specific requests to social workers, asking them to be straightforward about difficulties, and to name family strengths in their warrant speech. Social workers are likely to oblige, given the attention they give to the chair's request. The Strengthening Families approach vests the role of discussing strengths in the family rather than the social worker (Appleton et al., 2015). However, families may appreciate hearing their strengths publicly recognised by the social worker, and identifying areas of agreement and belief in the family fosters engagement. Social workers should routinely include redemptive factors, for if there are none, the conference serves no purpose. If these strategies led to changes in families' impulse to defend their reputation and enter into conflict,

this could be charted using CA methods. Finally, when families offer justifications or attempt to re-categorize themselves, professionals should acknowledge these protests more explicitly, even when holding a different view (which they could articulate). These recommendations are proposed as possible strategies for professionals to engage families in the ICPC, by showing them that their emotions, strengths and epistemic authority are acknowledged.

CA is underutilised in social work research. This paper shows that CA has the capacity to illuminate important yet unnoticed sequences of institutional talk. ICPC participants show high levels of attention and responsiveness to the content and form of turn design. CA highlights how small and subtle differences in turn design by chairs and social workers could have far-reaching effects. They need to be tested experimentally in practice.

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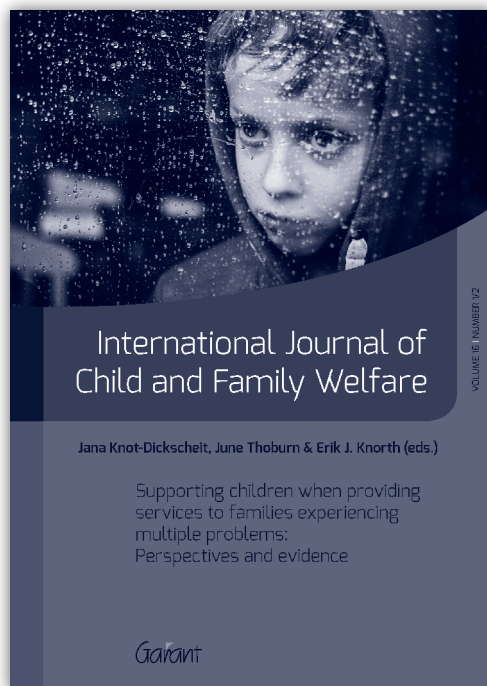
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